

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).

FORM APPROVED

FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE

OMB NO. 0938-0050

THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS

(42 USC 1395g).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	41-0013	I	FROM 10/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 9/30/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 4/25/2008 TIME 15:33

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

THE WESTERLY HOSPITAL 41-0013

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2006 AND ENDING 9/30/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)_____
TITLE_____
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		A	TITLE XVIII	B	TITLE XIX	
	1		2		3	4	
1		0		12,704		18,350	0
100	HOSPITAL TOTAL	0		12,704		18,350	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

MCRS/PC-WIN 2552-96 version 1701.000100 - Interface version 264.000100

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 25 WELLS STREET P.O. BOX:
1.01 CITY: WESTERLY STATE: RI ZIP CODE: 02891- COUNTY: SOUTH COUNTY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:						PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED		V	XVIII	XIX
0	1	2	2.01	3		4	5	6
02.00 HOSPITAL	THE WESTERLY HOSPITAL	41-0013		7/ 1/1966		N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2006 TO: 9/30/2007

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL

20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS). 0

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96 (05/2007) CONTD	
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		I PROVIDER NO: I 41-0013 I	I PERIOD: I FROM 10/ 1/2006 I TO 9/30/2007	I PREPARED 4/29/2008 I WORKSHEET S-2			
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02						
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)						
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY						
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)							
28.03	STAFFING						% Y/N
28.04	RECRUITMENT						0.00%
28.05	RETENTION						0.00%
28.06	TRAINING						0.00%
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N						
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N						
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70						
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)						
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N						
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II						
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N						
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N						
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N						
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N						
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N						
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N						
MISCELLANEOUS COST REPORT INFORMATION							
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N						
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N						
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N						
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N						
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N						
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?						
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?						
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?						
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL							
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N						
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N						
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N						
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N						

TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
53.01 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 1,215,087
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, 10/ 1/2006 N 0.00 0
56.01 THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

		NO. OF	BED DAYS	CAH	----- I/P DAYS /	O/P VISITS /	TRIPS -----
COMPONENT		BEDS	AVAILABLE	N/A	TITLE	NOT LTCH	TOTAL
		1	2	2.01	V	N/A	TITLE XIX
					3	4.01	5
1	ADULTS & PEDIATRICS	84	30,660			7,380	330
2	HMO						
2	01 HMO - (IRF PPS SUBPROVIDER)						
3	ADULTS & PED-SB SNF						
4	ADULTS & PED-SB NF						
5	TOTAL ADULTS AND PEDS	84	30,660			7,380	330
6	INTENSIVE CARE UNIT	9	3,285			950	35
9	SURGICAL INTENSIVE CARE UNIT						
11	NURSERY						4
12	TOTAL	93	33,945			8,330	369
13	RPCH VISITS						
25	TOTAL	93					
26	OBSERVATION BED DAYS						
27	AMBULANCE TRIPS						
28	EMPLOYEE DISCOUNT DAYS						
28	01 EMP DISCOUNT DAYS -IRF						

		----- I/P DAYS /	O/P VISITS	/ TRIPS -----	-- INTERNS & RES. FTES --
COMPONENT		TITLE XIX OBSERVATION BEDS	TOTAL	TOTAL OBSERVATION BEDS	LESS I&R REPL
		ADMITTED	ALL PATS	ADMITTED	NON-PHYS ANES
		5.01	5.02	6.01	6.02
1	ADULTS & PEDIATRICS		14,652		
2	HMO				
2	01 HMO - (IRF PPS SUBPROVIDER)				
3	ADULTS & PED-SB SNF				
4	ADULTS & PED-SB NF				
5	TOTAL ADULTS AND PEDS		14,652		
6	INTENSIVE CARE UNIT		1,648		
9	SURGICAL INTENSIVE CARE UNIT				
11	NURSERY		1,008		
12	TOTAL		17,308		
13	RPCH VISITS				
25	TOTAL				
26	OBSERVATION BED DAYS				
27	AMBULANCE TRIPS				
28	EMPLOYEE DISCOUNT DAYS				
28	01 EMP DISCOUNT DAYS -IRF				

		I & R FTES	--- FULL TIME EQUIV ---	DISCHARGES	
COMPONENT		NET	EMPLOYEES ON PAYROLL	TITLE XVIII	TITLE XIX
		9	10	11	12
					13
1	ADULTS & PEDIATRICS				1,861
2	HMO				
2	01 HMO - (IRF PPS SUBPROVIDER)				
3	ADULTS & PED-SB SNF				
4	ADULTS & PED-SB NF				
5	TOTAL ADULTS AND PEDS				
6	INTENSIVE CARE UNIT				
9	SURGICAL INTENSIVE CARE UNIT				
11	NURSERY				
12	TOTAL		500.00		1,861
13	RPCH VISITS				
25	TOTAL		500.00		
26	OBSERVATION BED DAYS				
27	AMBULANCE TRIPS				
28	EMPLOYEE DISCOUNT DAYS				
28	01 EMP DISCOUNT DAYS -IRF				

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	34,633,377		34,633,377	1,143,480.00	30.29	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A	52,232		52,232	418.00	124.96	
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B	1,586,131		1,586,131	22,102.00	71.76	
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)						
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL SNF						
8.01	EXCLUDED AREA SALARIES	92,108	21,804	113,912	5,794.00	19.66	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	1,352,158		1,352,158	19,424.00	69.61	
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	176,395		176,395	4,893.00	36.05	
10.01	CONTRACT LABOR: PHYS PART A						
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12.01	HOME OFFICE: PHYS PART A						
13	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
14	WAGE RELATED COSTS						
15	WAGE-RELATED COSTS (CORE)	9,722,804		9,722,804			CMS 339
16	WAGE-RELATED COSTS (OTHER)						CMS 339
17	EXCLUDED AREAS	33,683		33,683			CMS 339
18	NON-PHYS ANESTHETIST PART A						CMS 339
18.01	NON-PHYS ANESTHETIST PART B						CMS 339
19	PHYSICIAN PART A	5,636		5,636			CMS 339
19.01	PART A TEACHING PHYSICIANS						CMS 339
20	PHYSICIAN PART B	257,342		257,342			CMS 339
21	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
22	INTERNS & RESIDENTS (APPRVD)						CMS 339
23	OVERHEAD COSTS - DIRECT SALARIES						
24	EMPLOYEE BENEFITS		262,007	262,007	9,898.00	26.47	
25	ADMINISTRATIVE & GENERAL	5,086,437	-325,394	4,761,043	159,741.00	29.80	
26	A & G UNDER CONTRACT						
27	MAINTENANCE & REPAIRS	881,991	-21,804	860,187	32,529.00	26.44	
28	OPERATION OF PLANT						
29	LAUNDRY & LINEN SERVICE						
30	HOUSEKEEPING	1,008,766		1,008,766	67,250.00	15.00	
31	HOUSEKEEPING UNDER CONTRACT						
32	DIETARY	830,604		830,604	45,744.00	18.16	
33	DIETARY UNDER CONTRACT						
34	CAFETERIA	73,187		73,187	5,693.00	12.86	
35	MAINTENANCE OF PERSONNEL						
36	NURSING ADMINISTRATION	682,920		682,920	20,283.00	33.67	
37	CENTRAL SERVICE AND SUPPLY	170,389	63,387	233,776	9,254.00	25.26	
38	PHARMACY	888,895		888,895	21,961.00	40.48	
39	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	754,853		754,853	37,069.00	20.36	
40	SOCIAL SERVICE	234,426		234,426	7,828.00	29.95	
41	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	33,047,246		33,047,246	1,121,378.00	29.47	
2	EXCLUDED AREA SALARIES	92,108	21,804	113,912	5,794.00	19.66	
3	SUBTOTAL SALARIES	32,955,138	-21,804	32,933,334	1,115,584.00	29.52	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	1,528,553		1,528,553	24,317.00	62.86	
5	SUBTOTAL WAGE-RELATED COSTS	9,728,440		9,728,440		29.54	
6	TOTAL	44,212,131	-21,804	44,190,327	1,139,901.00	38.77	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	10,612,468	-21,804	10,590,664	417,250.00	25.38	

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	41-0013	I	FROM 10/ 1/2006	I	4/29/2008
I		I	TO 9/30/2007	I	WORKSHEET S-10
I		I		I	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE

17.01 GROSS MEDICAID REVENUES

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
DIVIDED BY COLUMN 8, LINE 103) .404342

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
(LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)

30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS

31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)

32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN	FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM		CMS-2552-96(9/1996)	
RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			I PROVIDER NO:	I PERIOD:	I PREPARED	4/29/2008		
			I 41-0013	I FROM 10/ 1/2006	I WORKSHEET A			
			I	I TO 9/30/2007	I			
	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE	
			1	2	3	4	5	
		GENERAL SERVICE COST CNTR						
1	0100	OLD CAP REL COSTS-BLDG & FIXT		95,852	95,852	-27,124	68,728	
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		351	351		351	
3	0300	NEW CAP REL COSTS-BLDG & FIXT		2,030,772	2,030,772	829,100	2,859,872	
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		2,116,172	2,116,172	788,551	2,904,723	
5	0500	EMPLOYEE BENEFITS		9,661,972	9,661,972	440,715	10,102,687	
6.01	0610	NONPATIENT TELEPHONES	217,286	1,767	219,053		219,053	
6.02	0620	DATA PROCESSING	645,970	1,225,052	1,871,022		1,871,022	
6.03	0630	PURCHASING, RECEIVING AND STORES	221,022	175,385	396,407	-63,387	333,020	
6.04	0640	ADMITTING	613,742	18,497	632,239		632,239	
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	754,835	774,713	1,529,548		1,529,548	
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	2,633,582	5,702,038	8,335,620	-440,715	7,894,905	
7	0700	MAINTENANCE & REPAIRS	881,991	1,726,805	2,608,796	-60,582	2,548,214	
8	0800	OPERATION OF PLANT		1,472,390	1,472,390		1,472,390	
9	0900	LAUNDRY & LINEN SERVICE		272,375	272,375		272,375	
10	1000	HOUSEKEEPING	1,008,766	168,437	1,177,203		1,177,203	
11	1100	DIETARY	830,604	306,404	1,137,008		1,137,008	
12	1200	CAFETERIA	73,187	140,002	213,189		213,189	
13	1300	MAINTENANCE OF PERSONNEL						
14	1400	NURSING ADMINISTRATION	682,920	26,534	709,454	-138	709,316	
15	1500	CENTRAL SERVICES & SUPPLY	170,389	199,948	370,337	63,387	433,724	
16	1600	PHARMACY	888,895	2,161,580	3,050,475	-1,776,489	1,273,986	
17	1700	MEDICAL RECORDS & LIBRARY	754,853	126,791	881,644		881,644	
18	1800	SOCIAL SERVICE	234,426	19,012	253,438		253,438	
		INPAT ROUTINE SRVC CNTRS						
25	2500	ADULTS & PEDIATRICS	6,901,843	380,472	7,282,315	-161,085	7,121,230	
26	2600	INTENSIVE CARE UNIT	1,570,052	97,787	1,667,839	-38,945	1,628,894	
29	2900	SURGICAL INTENSIVE CARE UNIT						
33	3300	NURSERY		13,924	13,924	-394	13,530	
		ANCILLARY SRVC COST CNTRS						
37	3700	OPERATING ROOM	3,332,589	3,710,665	7,043,254	-2,296,679	4,746,575	
38	3800	RECOVERY ROOM						
39	3900	DELIVERY ROOM & LABOR ROOM		11,471	11,471	-928	10,543	
40	4000	ANESTHESIOLOGY						
41	4100	RADIOLOGY-DIAGNOSTIC	1,821,762	362,096	2,183,858	-81,410	2,102,448	
42	4200	RADIOLOGY-THERAPEUTIC						
43	4300	RADIOISOTOPE	172,745	194,662	367,407	9,501	376,908	
43.01	4301	CT SCAN	372,396	330,083	702,479	-6,745	695,734	
43.02	4302	ULTRASOUND	324,347	20,893	345,240	13,618	358,858	
43.03	4303	MRI	185,277	329,772	515,049	13,534	528,583	
44	4400	LABORATORY	2,780,089	2,194,955	4,975,044	-156,603	4,818,441	
47	4700	BLOOD STORING, PROCESSING & TRANS.		560,257	560,257	138,292	698,549	
49	4900	RESPIRATORY THERAPY	669,545	98,006	767,551	-43,973	723,578	
50	5000	PHYSICAL THERAPY	1,167,502	77,991	1,245,493	-13,243	1,232,250	
50.01	5001	OCCUPATIONAL HEALTH		44,126	44,126	-44,126		
51	5100	OCCUPATIONAL THERAPY	160,157	5,704	165,861	-34	165,827	
52	5200	SPEECH PATHOLOGY	82,132	1,777	83,909		83,909	
53	5300	ELECTROCARDIOLOGY	107,145	97,790	204,935	-1,824	203,111	
53.01	5301	CARDIAC REHAB	145,647	13,781	159,428	-11	159,417	
54	5400	ELECTROENCEPHALOGRAPHY		6,380	6,380		6,380	
54.01	5401	CARDIAC CATH	258,865	279,953	538,818	-305,253	233,565	
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,675,094	2,675,094	
56	5600	DRUGS CHARGED TO PATIENTS				2,161,354	2,161,354	
59	3020	RENAL DIALYSIS	182,676	43,002	225,678	-5,357	220,321	
		OUTPAT SERVICE COST CNTRS						
60	6000	CLINIC	132,328	17,122	149,450	43,532	192,982	
61	6100	EMERGENCY	3,561,704	275,146	3,836,850	-121,679	3,715,171	
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)						
		SPEC PURPOSE COST CENTERS						
85	8500	HEART ACQUISITION						
85.01	8510	PANCREAS ACQUISITION						
86	8600	OTHER ORGAN ACQUISITION						
88	8800	INTEREST EXPENSE		1,545,280	1,545,280	-1,545,280		
89	8900	UTILIZATION REVIEW-SNF						
90	9000	OTHER CAPITAL RELATED COSTS		72,371	72,371	-72,371		
95		SUBTOTALS	34,541,269	39,208,315	73,749,584	-87,697	73,661,887	
		NONREIMBURS COST CENTERS						
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN						
97	9700	RESEARCH						
98	9800	PHYSICIANS' PRIVATE OFFICES						
99	9900	NONPAID WORKERS						
100	7950	FUND RAISING						
100.01	7951	TUMOR REGISTRY	36,079	179	36,258		36,258	
100.02	7952	O/P MEALS						
100.03	7953	LIFELINE				65,796	65,796	
100.04	7954	WADCC		3,243	3,243	17,500	20,743	
100.05	7955	45 EAST AVENUE-RENTAL		7,957	7,957	5,949	13,906	
100.06	7956	81 BEACH STREET-RENTAL		19,613	19,613		19,613	
100.07	7957	11 WELLS STREET		6,278	6,278	3,675	9,953	
100.08	7958	MORGAN BUILDING-RENTAL		50,643	50,643	-5,214	45,429	
100.09	7959	MYSTIC MOB	56,029	231,478	287,507	-9	287,498	
100.10	7960	PM-CHARLESTOWN		11,200	11,200		11,200	
100.11	7961	PM-NORTH STONINGTON		3,552	3,552		3,552	
101		TOTAL	34,633,377	39,542,458	74,175,835	-0-	74,175,835	

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		68,728
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		351
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-757,593	2,102,279
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-789,126	2,115,597
5	0500 EMPLOYEE BENEFITS		10,102,687
6.01	0610 NONPATIENT TELEPHONES	-71,123	147,930
6.02	0620 DATA PROCESSING		1,871,022
6.03	0630 PURCHASING, RECEIVING AND STORES	-5,745	327,275
6.04	0640 ADMITTING		632,239
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-8,693	1,520,855
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-66,412	7,828,493
7	0700 MAINTENANCE & REPAIRS		2,548,214
8	0800 OPERATION OF PLANT		1,472,390
9	0900 LAUNDRY & LINEN SERVICE		272,375
10	1000 HOUSEKEEPING		1,177,203
11	1100 DIETARY		1,137,008
12	1200 CAFETERIA	-199,087	14,102
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		709,316
15	1500 CENTRAL SERVICES & SUPPLY		433,724
16	1600 PHARMACY	-617	1,273,369
17	1700 MEDICAL RECORDS & LIBRARY		881,644
18	1800 SOCIAL SERVICE		253,438
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-15,004	7,106,226
26	2600 INTENSIVE CARE UNIT		1,628,894
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY	-594	12,936
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		4,746,575
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		10,543
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-2,655	2,099,793
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		376,908
43.01	4301 CT SCAN		695,734
43.02	4302 ULTRASOUND		358,858
43.03	4303 MRI		528,583
44	4400 LABORATORY	-146,158	4,672,283
47	4700 BLOOD STORING, PROCESSING & TRANS.		698,549
49	4900 RESPIRATORY THERAPY	-13,350	710,228
50	5000 PHYSICAL THERAPY	-31,046	1,201,204
50.01	5001 OCCUPATIONAL HEALTH		
51	5100 OCCUPATIONAL THERAPY		165,827
52	5200 SPEECH PATHOLOGY	-4,240	79,669
53	5300 ELECTROCARDIOLOGY	-73,576	129,535
53.01	5301 CARDIAC REHAB		159,417
54	5400 ELECTROENCEPHALOGRAPHY		6,380
54.01	5401 CARDIAC CATH		233,565
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,675,094
56	5600 DRUGS CHARGED TO PATIENTS		2,161,354
59	3020 RENAL DIALYSIS		220,321
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-26,974	166,008
61	6100 EMERGENCY	-1,954,636	1,760,535
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-4,166,629	69,495,258
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 FUND RAISING		
100.01	7951 TUMOR REGISTRY		36,258
100.02	7952 O/P MEALS		
100.03	7953 LIFELINE		65,796
100.04	7954 WADCC		20,743
100.05	7955 45 EAST AVENUE-RENTAL		13,906
100.06	7956 81 BEACH STREET-RENTAL		19,613
100.07	7957 11 WELLS STREET		9,953
100.08	7958 MORGAN BUILDING-RENTAL		45,429
100.09	7959 MYSTIC MOB		287,498
100.10	7960 PM-CHARLESTOWN		11,200
100.11	7961 PM-NORTH STONINGTON		3,552
101	TOTAL	-4,166,629	70,009,206

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	CT SCAN	4301	RADIOISOTOPE
43.02	ULTRASOUND	4302	RADIOISOTOPE
43.03	MRI	4303	RADIOISOTOPE
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	OCCUPATIONAL HEALTH	5001	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	CARDIAC CATH	5401	ELECTROENCEPHALOGRAPHY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	RENAL DIALYSIS	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	FUND RAISING	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	TUMOR REGISTRY	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	O/P MEALS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	LIFELINE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	WADCC	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	45 EAST AVENUE-RENTAL	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	81 BEACH STREET-RENTAL	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	11 WELLS STREET	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	MORGAN BUILDING-RENTAL	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	MYSTIC MOB	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	PM-CHARLESTOWN	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	PM-NORTH STONINGTON	7961	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

----- INCREASE -----				
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	
	1	2	3	SALARY 4 OTHER 5
1 TO RECLASS PACEMAKER SUPPLIES FROM	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	201,268
2				
3 TO RECLASS PERSONNEL COSTS OUT OF	B	EMPLOYEE BENEFITS	5	262,007
4		EMPLOYEE BENEFITS	5	178,708
5 TO RECLASS M&S CHARGEABLES	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	2,473,826
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27 RECLASS IV SOLUTIONS	D	DRUGS CHARGED TO PATIENTS	56	384,970
28				
29				
30				
31				
32				
33				
34				
35				
1 RECLASS IV SOLUTIONS	D			
2				
3				
4				
5				
6				
7				
8				
9				
10 RECLASS INTEREST EXPENSE	E	NEW CAP REL COSTS-BLDG & FIXT	3	756,729
11		NEW CAP REL COSTS-MVBLE EQUIP	4	788,551
12 RECLASS BLOOD TECHNICIANS	F	BLOOD STORING, PROCESSING & TRANS.	47	138,856
13 RECLASS CSS SALARIES	G	CENTRAL SERVICES & SUPPLY	15	63,387
14 RECLASS LIFELINE COSTS TO NONREIMBUR	H	LIFELINE	100.03	21,804
15 RECLASS LAB COSTS TO MORGAN	I	MAINTENANCE & REPAIRS	7	5,214
16 RECLASS XRAY MANAGER'S SALARY	J	CT SCAN	43.01	27,378
17		RADIOISOTOPE	43	12,177
18		ULTRASOUND	43.02	14,399
19		MRI	43.03	16,110
20 RECLASS CHARGEABLE DRUGS	K	DRUGS CHARGED TO PATIENTS	56	1,776,384
21 RECLASS OCCUP. HEALTH TO CLINIC	L	CLINIC	60	44,126
22 RECLASS UNALLOWABLE DEPRECIATION	M	45 EAST AVENUE-RENTAL	100.05	5,949
23		11 WELLS STREET	100.07	3,675
24		WADCC	100.04	17,500
25 RECLASS INSURANCE COSTS	N	NEW CAP REL COSTS-BLDG & FIXT	3	72,371
36 TOTAL RECLASSIFICATIONS				556,118 6,753,263

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

----- DECREASE -----						A-7 REF 10
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 TO RECLASS PACEMAKER SUPPLIES FROM	A	CARDIAC CATH	54.01		127,045	
2		OPERATING ROOM	37		74,223	
3 TO RECLASS PERSONNEL COSTS OUT OF	B	OTHER ADMINISTRATIVE AND GENERAL	6.06	262,007		
4		OTHER ADMINISTRATIVE AND GENERAL	6.06		178,708	
5 TO RECLASS M&S CHARGEABLES	C	ADULTS & PEDIATRICS	25		61,259	
6		NURSERY	33		394	
7		INTENSIVE CARE UNIT	26		16,605	
8		OPERATING ROOM	37		2,086,482	
9		EMERGENCY	61		33,312	
10		RENAL DIALYSIS	59		3,091	
11		CARDIAC REHAB	53.01		11	
12		RESPIRATORY THERAPY	49		43,973	
13		LABORATORY	44		1,286	
14		ELECTROCARDIOLOGY	53		130	
15		RADIOLOGY-DIAGNOSTIC	41		10,272	
16		CT SCAN	43.01		26,935	
17		MRI	43.03		760	
18		ULTRASOUND	43.02		750	
19		RADIOISOTOPE	43		87	
20		PHYSICAL THERAPY	50		12,588	
21		OCCUPATIONAL THERAPY	51		34	
22		CARDIAC CATH	54.01		174,503	
23		PHARMACY	16		105	
24		CLINIC	60		577	
25		NURSING ADMINISTRATION	14		138	
26		DELIVERY ROOM & LABOR ROOM	39		534	
27 RECLASS IV SOLUTIONS	D	ADULTS & PEDIATRICS	25		99,826	
28		INTENSIVE CARE UNIT	26		22,340	
29		DELIVERY ROOM & LABOR ROOM	39		394	
30		OPERATING ROOM	37		135,974	
31		EMERGENCY	61		88,367	
32		CLINIC	60		17	
33		RENAL DIALYSIS	59		2,266	
34		LABORATORY	44		16,461	
35		BLOOD STORING, PROCESSING & TRANS.	47		564	
1 RECLASS IV SOLUTIONS	D	ELECTROCARDIOLOGY	53		1,694	
2		RADIOLOGY-DIAGNOSTIC	41		1,074	
3		CT SCAN	43.01		7,188	
4		MRI	43.03		1,816	
5		ULTRASOUND	43.02		31	
6		RADIOISOTOPE	43		2,589	
7		CARDIAC CATH	54.01		3,705	
8		PHYSICAL THERAPY	50		655	
9		MYSTIC MOB	100.09		9	
10 RECLASS INTEREST EXPENSE	E	INTEREST EXPENSE	88		1,545,280	11
11						11
12 RECLASS BLOOD TECHNICIANS	F	LABORATORY	44	138,856		
13 RECLASS CSS SALARIES	G	PURCHASING, RECEIVING AND STORES	6.03	63,387		
14 RECLASS LIFELINE COSTS TO NONREIMBUR	H	MAINTENANCE & REPAIRS	7	21,804	43,992	
15 RECLASS LAB COSTS TO MORGAN	I	MORGAN BUILDING-RENTAL	100.08		5,214	
16 RECLASS XRAY MANAGER'S SALARY	J	RADIOLOGY-DIAGNOSTIC	41	70,064		
17						
18						
19						
20 RECLASS CHARGEABLE DRUGS	K	PHARMACY	16		1,776,384	
21 RECLASS OCCUP. HEALTH TO CLINIC	L	OCCUPATIONAL HEALTH	50.01		44,126	
22 RECLASS UNALLOWABLE DEPRECIATION	M	OLD CAP REL COSTS-BLDG & FIXT	1		27,124	9
23						9
24						9
25 RECLASS INSURANCE COSTS	N	OTHER CAPITAL RELATED COSTS	90		72,371	12
26 TOTAL RECLASSIFICATIONS				556,118	6,753,263	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASS CODE: A
EXPLANATION : TO RECLASS PACEMAKER SUPPLIES FROM

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	201,268	CARDIAC CATH	54.01	127,045	
2.00			0	OPERATING ROOM	37	74,223	
TOTAL RECLASSIFICATIONS FOR CODE A			201,268				201,268

RECLASS CODE: B
EXPLANATION : TO RECLASS PERSONNEL COSTS OUT OF

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	262,007	OTHER ADMINISTRATIVE AND GENER	6.06	262,007	
2.00	EMPLOYEE BENEFITS	5	178,708	OTHER ADMINISTRATIVE AND GENER	6.06	178,708	
TOTAL RECLASSIFICATIONS FOR CODE B			440,715				440,715

RECLASS CODE: C
EXPLANATION : TO RECLASS M&S CHARGEABLES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,473,826	ADULTS & PEDIATRICS	25	61,259	
2.00			0	NURSERY	33	394	
3.00			0	INTENSIVE CARE UNIT	26	16,605	
4.00			0	OPERATING ROOM	37	2,086,482	
5.00			0	EMERGENCY	61	33,312	
6.00			0	RENAL DIALYSIS	59	3,091	
7.00			0	CARDIAC REHAB	53.01	11	
8.00			0	RESPIRATORY THERAPY	49	43,973	
9.00			0	LABORATORY	44	1,286	
10.00			0	ELECTROCARDIOLOGY	53	130	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	10,272	
12.00			0	CT SCAN	43.01	26,935	
13.00			0	MRI	43.03	760	
14.00			0	ULTRASOUND	43.02	750	
15.00			0	RADIOISOTOPE	43	87	
16.00			0	PHYSICAL THERAPY	50	12,588	
17.00			0	OCCUPATIONAL THERAPY	51	34	
18.00			0	CARDIAC CATH	54.01	174,503	
19.00			0	PHARMACY	16	105	
20.00			0	CLINIC	60	577	
21.00			0	NURSING ADMINISTRATION	14	138	
22.00			0	DELIVERY ROOM & LABOR ROOM	39	534	
TOTAL RECLASSIFICATIONS FOR CODE C			2,473,826				2,473,826

RECLASS CODE: D
EXPLANATION : RECLASS IV SOLUTIONS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	384,970	ADULTS & PEDIATRICS	25	99,826	
2.00			0	INTENSIVE CARE UNIT	26	22,340	
3.00			0	DELIVERY ROOM & LABOR ROOM	39	394	
4.00			0	OPERATING ROOM	37	135,974	
5.00			0	EMERGENCY	61	88,367	
6.00			0	CLINIC	60	17	
7.00			0	RENAL DIALYSIS	59	2,266	
8.00			0	LABORATORY	44	16,461	
9.00			0	BLOOD STORING, PROCESSING & TR	47	564	
10.00			0	ELECTROCARDIOLOGY	53	1,694	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	1,074	
12.00			0	CT SCAN	43.01	7,188	
13.00			0	MRI	43.03	1,816	
14.00			0	ULTRASOUND	43.02	31	
15.00			0	RADIOISOTOPE	43	2,589	
16.00			0	CARDIAC CATH	54.01	3,705	
17.00			0	PHYSICAL THERAPY	50	655	
18.00			0	MYSTIC MOB	100.09	9	
TOTAL RECLASSIFICATIONS FOR CODE D			384,970				384,970

RECLASS CODE: E
EXPLANATION : RECLASS INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	756,729	INTEREST EXPENSE	88	1,545,280	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	788,551			0	
TOTAL RECLASSIFICATIONS FOR CODE E			1,545,280				1,545,280

RECLASS CODE: F
EXPLANATION : RECLASS BLOOD TECHNICIANS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BLOOD STORING, PROCESSING & TR	47	138,856	LABORATORY	44	138,856	
TOTAL RECLASSIFICATIONS FOR CODE F			138,856				138,856

RECLASSIFICATIONS

PROVIDER NO:
410013

PERIOD:
FROM 10/ 1/2006
TO 9/30/2007

PREPARED 4/29/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : RECLASS CSS SALARIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	63,387
TOTAL RECLASSIFICATIONS FOR CODE G			63,387

DECREASE			
COST CENTER	LINE	AMOUNT	
PURCHASING, RECEIVING AND STOR	6.03	63,387	
		63,387	

RECLASS CODE: H
EXPLANATION : RECLASS LIFELINE COSTS TO NONREIMBUR

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	LIFELINE	100.03	65,796
TOTAL RECLASSIFICATIONS FOR CODE H			65,796

DECREASE			
COST CENTER	LINE	AMOUNT	
MAINTENANCE & REPAIRS	7	65,796	
		65,796	

RECLASS CODE: I
EXPLANATION : RECLASS LAB COSTS TO MORGAN

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MAINTENANCE & REPAIRS	7	5,214
TOTAL RECLASSIFICATIONS FOR CODE I			5,214

DECREASE			
COST CENTER	LINE	AMOUNT	
MORGAN BUILDING-RENTAL	100.08	5,214	
		5,214	

RECLASS CODE: J
EXPLANATION : RECLASS XRAY MANAGER'S SALARY

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CT SCAN	43.01	27,378
2.00	RADIOISOTOPE	43	12,177
3.00	ULTRASOUND	43.02	14,399
4.00	MRI	43.03	16,110
TOTAL RECLASSIFICATIONS FOR CODE J			70,064

DECREASE			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	70,064	
		0	
		0	
		0	
		70,064	

RECLASS CODE: K
EXPLANATION : RECLASS CHARGEABLE DRUGS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,776,384
TOTAL RECLASSIFICATIONS FOR CODE K			1,776,384

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	1,776,384	
		1,776,384	

RECLASS CODE: L
EXPLANATION : RECLASS OCCUP. HEALTH TO CLINIC

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	44,126
TOTAL RECLASSIFICATIONS FOR CODE L			44,126

DECREASE			
COST CENTER	LINE	AMOUNT	
OCCUPATIONAL HEALTH	50.01	44,126	
		44,126	

RECLASS CODE: M
EXPLANATION : RECLASS UNALLOWABLE DEPRECIATION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	45 EAST AVENUE-RENTAL	100.05	5,949
2.00	11 WELLS STREET	100.07	3,675
3.00	WADCC	100.04	17,500
TOTAL RECLASSIFICATIONS FOR CODE M			27,124

DECREASE			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	27,124	
		0	
		0	
		27,124	

RECLASS CODE: N
EXPLANATION : RECLASS INSURANCE COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	72,371
TOTAL RECLASSIFICATIONS FOR CODE N			72,371

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER CAPITAL RELATED COSTS	90	72,371	
		72,371	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING	ACQUISITIONS		DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION	AND	BALANCE	DEPRECIATED
		1	2	3	RETIREMENTS	6	ASSETS
					5		7
1	LAND	75,647				75,647	
2	LAND IMPROVEMENTS	774,650				774,650	
3	BUILDINGS & FIXTURE	9,617,696				9,617,696	
4	BUILDING IMPROVEMEN						
5	FIXED EQUIPMENT						
6	MOVABLE EQUIPMENT	5,805,608				5,805,608	
7	SUBTOTAL	16,273,601				16,273,601	
8	RECONCILING ITEMS						
9	TOTAL	16,273,601				16,273,601	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING	ACQUISITIONS		DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION	AND	BALANCE	DEPRECIATED
		1	2	3	RETIREMENTS	6	ASSETS
					5		7
1	LAND						75,647
2	LAND IMPROVEMENTS	1,436,552				1,436,552	2,211,202
3	BUILDINGS & FIXTURE	33,530,118				33,530,118	43,147,814
4	BUILDING IMPROVEMEN						
5	FIXED EQUIPMENT	15,617,039			222,066	15,394,973	17,220,852
6	MOVABLE EQUIPMENT	34,039,270	1,526,834			35,566,104	39,545,834
7	SUBTOTAL	84,622,979	1,526,834		222,066	85,927,747	102,201,349
8	RECONCILING ITEMS						
9	TOTAL	84,622,979	1,526,834		222,066	85,927,747	102,201,349

PART III - RECONCILIATION OF CAPITAL COST CENTERS								
DESCRIPTION		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITLIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7
								TOTAL 8
1	OLD CAP REL COSTS-BL	10,467,993		10,467,993	.105920			
2	OLD CAP REL COSTS-MV	5,805,608		5,805,608	.058744			
3	NEW CAP REL COSTS-BL	50,361,643		50,361,643	.509584			
4	NEW CAP REL COSTS-MV	35,566,104	3,372,415	32,193,689	.325752			
5	TOTAL	102,201,348	3,372,415	98,828,933	1.000000			

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	68,728						68,728
2	OLD CAP REL COSTS-MV	351						351
3	NEW CAP REL COSTS-BL	2,029,908			72,371			2,102,279
4	NEW CAP REL COSTS-MV	2,115,597						2,115,597
5	TOTAL	4,214,584			72,371			4,286,955

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4								
DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	95,852						95,852
2	OLD CAP REL COSTS-MV	351						351
3	NEW CAP REL COSTS-BL	2,030,772						2,030,772
4	NEW CAP REL COSTS-MV	2,116,172						2,116,172
5	TOTAL	4,243,147						4,243,147

* All lines numbers except line 5 are to be consistent with Workhseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

WKSHT A		COST CENTER/ PHYSICIAN	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
LINE NO.		IDENTIFIER							
1	44	LABORATORY-AGGREGATE	146,158	146,158		215,700			
2	49	RESPIRATORY-AGGREGATE	13,350	13,350		165,600			
3	53	ELECTROCARDIOLOGY-AGGREGA	73,576	73,576		165,600			
4	61	EMERGENCY ROOM-AGGREGATE	1,980,364	1,916,963	63,401	165,600	418	33,279	1,664
5	60	CLINIC-AGGREGATE	26,974	26,974		165,600			
6									
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8									
9									
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24									
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26									
27									
28									
29									
30									
101		TOTAL	2,240,422	2,177,021	63,401		418	33,279	1,664

WKSHT A	COST CENTER/ PHYSICIAN	COST OF MEMBERSHIPS & CONTINUING	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE	RCE DIS- ALLOWANCE	ADJUSTMENT
LINE NO.	IDENTIFIER	EDUCATION	COL 12	INSURANCE	COL 14	LIMIT		
10	11	12	13	14	15	16	17	18
1 44	LABORATORY-AGGREGATE							146,158
2 49	RESPIRATORY-AGGREGATE							13,350
3 53	ELECTROCARDIOLOGY-AGGREGA							73,576
4 61	EMERGENCY ROOM-AGGREGATE	21,339	683	165,867	5,310	39,272	24,129	1,941,092
5 60	CLINIC-AGGREGATE							26,974
6								
7								
8								
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28								
29								
30								
101	TOTAL	21,339	683	165,867	5,310	39,272	24,129	2,201,150

DESCRIPTION (1)			(2)	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST.
		BASIS/CODE	AMOUNT	COST CENTER	LINE NO	REF.	
		1	2	3	4	5	
1	INVT INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
3	INVT INCOME-NEW BLDGS AND FIXTURES	B	-756,729	NEW CAP REL COSTS-BLDG &	3	11	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-788,551	NEW CAP REL COSTS-MVBLE E	4	11	
5	INVESTMENT INCOME-OTHER						
6	TRADE, QUANTITY AND TIME DISCOUNTS						
7	REFUNDS AND REBATES OF EXPENSES	B	-5,745	PURCHASING, RECEIVING AND	6.03		
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						
9	TELEPHONE SERVICES	A	-71,123	NONPATIENT TELEPHONES	6.01		
10	TELEVISION AND RADIO SERVICE	B	-40,163	OTHER ADMINISTRATIVE AND	6.06		
11	PARKING LOT						
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,201,150				
13	SALE OF SCRAP, WASTE, ETC.	B	-6,500	OTHER ADMINISTRATIVE AND	6.06		
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15	LAUNDRY AND LINEN SERVICE						
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-199,087	CAFETERIA	12		
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18	SALE OF MED AND SURG SUPPLIES						
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-617	PHARMACY	16		
20	SALE OF MEDICAL RECORDS & ABSTRACTS						
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22	VENDING MACHINES						
23	INCOME FROM IMPOSITION OF INTEREST						
24	INTRST EXP ON MEDICARE OVERPAYMENTS						
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28	UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89		
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20		
34	PHYSICIANS' ASSISTANT						
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51		
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52		
37	UNCLAIMED DISBURSEMENTS	A	20,573	OTHER ADMINISTRATIVE AND	6.06		
38	MISC REVENUE	B	-14,666	OTHER ADMINISTRATIVE AND	6.06		
39	XRAY	B	-2,655	RADIOLOGY-DIAGNOSTIC	41		
40	CHILDBIRTH EDUCATION	B	-8,365	ADULTS & PEDIATRICS	25		
41	CPR	B	-534	ADULTS & PEDIATRICS	25		
42	CLINICAL NUTRITION	B	-13,544	EMERGENCY	61		
43	NURSERY PICTURES	B	-594	NURSERY	33		
44	HARI LOBBYING EXPENSE	A	-2,166	OTHER ADMINISTRATIVE AND	6.06		
45	AHA LOBBYING EXPENSE	A	-503	OTHER ADMINISTRATIVE AND	6.06		
46	BREAST PUMP RENTAL	B	-6,105	ADULTS & PEDIATRICS	25		
47	PHYSICAL THERAPY	B	-31,046	PHYSICAL THERAPY	50		
48	HEARING AND SPEECH	B	-4,240	SPEECH PATHOLOGY	52		
49	PUBLIC RELATIONS UNALLOWABLE	A	-14,456	OTHER ADMINISTRATIVE AND	6.06		
49.01	MISC INCOME-PATIENT BILL COPIES	B	-6,754	OTHER ADMINISTRATIVE AND	6.06		
49.02	PHYSICIAN BILLING	A	-8,693	CASHIERING/ACCOUNTS RECEI	6.05		
49.03	INSURANCE COSTS-UNALLOWABLE	A	-1,777	OTHER ADMINISTRATIVE AND	6.06		
49.04	CORRECTED USEFUL LIVES	A	470	NEW CAP REL COSTS-BLDG &	3	9	
49.05	CORRECTED USEFUL LIVES	A	-1,334	NEW CAP REL COSTS-BLDG &	3	9	
49.06	CORRECTED USEFUL LIVES	A	-575	NEW CAP REL COSTS-MVBLE E	4	9	
49.07							
49.08							
49.09							
49.10							
50	TOTAL (SUM OF LINES 1 THRU 49)		-4,166,629				

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
- (2) Basis for adjustment (see instructions).
- A. Costs - if cost, including applicable overhead, can be determined.
- B. Amount Received - if cost cannot be determined.
- (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
GENERAL SERVICE COST					
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	6	# OF	INSTRUMENTS	ENTERED
6.02	DATA PROCESSING	7	MACHINE	TIME	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	8	COST OF	SUPPLIES	ENTERED
6.04	ADMITTING	C	GROSS	CHARGES	NOT ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	NOT ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	9	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	10	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	12	HOURS OF	SERVICE	ENTERED
11	DIETARY	13	MEALS	SERVED	ENTERED
12	CAFETERIA	14	NUMBER OF	FTES	ENTERED
13	MAINTENANCE OF PERSONNEL				NOT ENTERED
14	NURSING ADMINISTRATION	15	DIRECT	NURSING HOUR	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED	REQUISITIONS	ENTERED
16	PHARMACY	17	COSTED	REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	C	GROSS	CHARGES	NOT ENTERED

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1997)			
COST ALLOCATION - GENERAL SERVICE COSTS						I PROVIDER NO:	I PERIOD:	I PREPARED 4/29/2008	
						I 41-0013	I FROM 10/ 1/2006	I WORKSHEET B	
						I	I TO 9/30/2007	I PART I	
COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES		
	0	1	2	3	4	5	6.01		
001 GENERAL SERVICE COST CNTR									
002 OLD CAP REL COSTS-BLDG &	68,728	68,728							
003 OLD CAP REL COSTS-MVBLE E	351		351						
004 NEW CAP REL COSTS-BLDG &	2,102,279			2,102,279					
005 NEW CAP REL COSTS-MVBLE E	2,115,597				2,115,597				
006 EMPLOYEE BENEFITS	10,102,687	607		18,574	4,411	10,126,279			
006 01 NONPATIENT TELEPHONES	147,930	305		9,331	955	64,015	222,536		
006 02 DATA PROCESSING	1,871,022	776		23,731	213,873	190,312	15,135		
006 03 PURCHASING, RECEIVING AND	327,275	1,583		48,419	2,679	46,441	5,045		
006 04 ADMITTING	632,239	200	128	6,113		180,817	1,401		
006 05 CASHIERING/ACCOUNTS RECEI	1,520,855	868		26,549	6,361	222,385	13,453		
006 06 OTHER ADMINISTRATIVE AND	7,828,493	10,236		313,052	266,309	698,699	24,103		
007 MAINTENANCE & REPAIRS	2,548,214	3,101		94,855	20,484	253,423	9,529		
008 OPERATION OF PLANT	1,472,390	406		12,418	779				
009 LAUNDRY & LINEN SERVICE	272,375	107		3,261					
010 HOUSEKEEPING	1,177,203	943	57	28,836	18,606	297,197	2,522		
011 DIETARY	1,137,008	1,128		34,514	27,519	244,708	5,325		
012 CAFETERIA	14,102	915		27,992	1,569	21,562	280		
013 MAINTENANCE OF PERSONNEL									
014 NURSING ADMINISTRATION	709,316	450		13,774	21,376	201,198	1,962		
015 CENTRAL SERVICES & SUPPLY	433,724	1,058		32,375	44,842	68,874	1,682		
016 PHARMACY	1,273,369	310		9,470	24,477	261,881	5,325		
017 MEDICAL RECORDS & LIBRARY	881,644	828		25,314	6,848	222,390	9,249		
018 SOCIAL SERVICE	253,438	107		3,278	1,079	69,065	1,962		
025 INPAT ROUTINE SRVC CNTRS									
026 ADULTS & PEDIATRICS	7,106,226	10,155	32	310,618	204,537	2,033,373	44,847		
029 INTENSIVE CARE UNIT	1,628,894	1,639		50,149	37,717	462,560	8,688		
033 SURGICAL INTENSIVE CARE U									
033 NURSERY	12,936	88	14	2,696	1,453		280		
037 ANCILLARY SRVC COST CNTRS									
038 OPERATING ROOM	4,746,575	5,358		163,883	287,103	981,827	13,733		
039 RECOVERY ROOM									
040 DELIVERY ROOM & LABOR ROO	10,543				1,940		280		
041 ANESTHESIOLOGY									
042 RADIOLOGY-DIAGNOSTIC	2,099,793	3,569		109,177	311,055	516,075	10,090		
043 RADIOLOGY-THERAPEUTIC									
043 RADIOISOTOPE	376,908	256		7,835	10,317	54,481	1,401		
043 01 CT SCAN	695,734	391		11,957	206	117,779	1,121		
043 02 ULTRASOUND	358,858	441		13,496	35,726	99,799	2,803		
043 03 MRI	528,583	196		6,009	60,427	59,331			
044 LABORATORY	4,672,283	2,888	15	88,350	159,587	778,144	17,937		
047 BLOOD STORING, PROCESSING	698,549	102		3,131	1,037	40,909	280		
049 RESPIRATORY THERAPY	710,228	330		10,087	37,507	197,257	1,682		
050 PHYSICAL THERAPY	1,201,204	2,310		70,646	22,854	343,962	2,242		
050 01 OCCUPATIONAL HEALTH									
051 OCCUPATIONAL THERAPY	165,827	110		3,374		47,184			
052 SPEECH PATHOLOGY	79,669	57		1,739		24,197	280		
053 ELECTROCARDIOLOGY	129,535	66		2,026	7,825	31,566	2,242		
053 01 CARDIAC REHAB	159,417	1,109		33,914	9,094	42,910			
054 ELECTROENCEPHALOGRAPHY	6,380	97		2,965			1,962		
054 01 CARDIAC CATH	233,565	348		10,635	195,592	76,265	1,401		
055 MEDICAL SUPPLIES CHARGED	2,675,094								
056 DRUGS CHARGED TO PATIENTS	2,161,354								
059 RENAL DIALYSIS	220,321	225		6,878	1,605	53,819	841		
060 OUTPAT SERVICE COST CNTRS									
061 CLINIC	166,008		39		4,146	38,986			
062 EMERGENCY	1,760,535	3,541	66	108,316	55,245	1,049,328	12,893		
085 OBSERVATION BEDS (NON-DIS									
085 01 SPEC PURPOSE COST CENTERS									
086 HEART ACQUISITION									
086 01 PANCREAS ACQUISITION									
095 OTHER ORGAN ACQUISITION									
095 SUBTOTALS	69,495,258	57,204	351	1,749,737	2,107,140	10,092,719	221,976		
096 NONREIMBURS COST CENTERS									
097 GIFT, FLOWER, COFFEE SHOP		283		8,661	1,480		280		
098 RESEARCH									
099 PHYSICIANS' PRIVATE OFFIC									
100 NONPAID WORKERS									
100 FUND RAISING		95		2,896			280		
100 01 TUMOR REGISTRY	36,258	10		313	55	10,629			
100 02 O/P MEALS									
100 03 LIFELINE	65,796	10		313		6,424			
100 04 WADCC	20,743	1,620		49,567					
100 05 45 EAST AVENUE-RENTAL	13,906	426		13,044					
100 06 81 BEACH STREET-RENTAL	19,613	2,047		62,611	49				
100 07 11 WELLS STREET	9,953	284		8,696					
100 08 MORGAN BUILDING-RENTAL	45,429	4,122		126,091					
100 09 MYSTIC MOB	287,498	2,627		80,350	6,873	16,507			
100 10 PM-CHARLESTOWN	11,200								
100 11 PM-NORTH STONINGTON	3,552								
101 CROSS FOOT ADJUSTMENT									
102 NEGATIVE COST CENTER									
103 TOTAL	70,009,206	68,728	351	2,102,279	2,115,597	10,126,279	222,536		

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS						I PROVIDER NO: I PERIOD: I PREPARED 4/29/2008			
						I 41-0013 I FROM 10/ 1/2006 I WORKSHEET B			
						I I TO 9/30/2007 I PART I			
	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	
		6.02	6.03	6.04	6.05	6a.05	6.06	7	
	GENERAL SERVICE COST CNTR								
001	OLD CAP REL COSTS-BLDG &								
002	OLD CAP REL COSTS-MVBLE E								
003	NEW CAP REL COSTS-BLDG &								
004	NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS								
006	01 NONPATIENT TELEPHONES								
006	02 DATA PROCESSING	2,314,849							
006	03 PURCHASING, RECEIVING AND		431,442						
006	04 ADMITTING		35,707	857,381					
006	05 CASHIERING/ACCOUNTS RECEI	2,077,977			3,868,973				
006	06 OTHER ADMINISTRATIVE AND	1,095	1,472			9,143,459	9,143,459		
007	MAINTENANCE & REPAIRS		7,458			2,937,064	441,215	3,378,279	
008	OPERATION OF PLANT		1,816			1,487,809	223,503	30,955	
009	LAUNDRY & LINEN SERVICE		863			276,606	41,553	8,129	
010	HOUSEKEEPING		4,067			1,529,431	229,756	71,882	
011	DIETARY		15,534			1,465,736	220,187	86,037	
012	CAFETERIA		7,171			73,591	11,055	69,779	
013	MAINTENANCE OF PERSONNEL								
014	NURSING ADMINISTRATION	198,013	735			1,146,824	172,279	34,337	
015	CENTRAL SERVICES & SUPPLY		10,320			592,875	89,063	80,704	
016	PHARMACY		94,963			1,669,795	250,842	23,606	
017	MEDICAL RECORDS & LIBRARY	1,195	700			1,148,168	172,481	63,102	
018	SOCIAL SERVICE					328,929	49,413	8,172	
	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	1	17,320	80,261	362,209	10,169,579	1,527,729	774,309	
026	INTENSIVE CARE UNIT		4,403	21,673	97,810	2,313,533	347,546	125,012	
029	SURGICAL INTENSIVE CARE U								
033	NURSERY		220	4,153	18,743	40,583	6,097	6,720	
	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM		153,178	171,472	773,546	7,296,675	1,096,128	408,528	
038	RECOVERY ROOM								
039	DELIVERY ROOM & LABOR ROO		593	7,885	35,586	56,827	8,537		
040	ANESTHESIOLOGY								
041	RADIOLOGY-DIAGNOSTIC	12	12,663	50,802	229,265	3,342,501	502,121	272,157	
042	RADIOLOGY-THERAPEUTIC								
043	RADIOISOTOPE		599	20,320	91,701	563,818	84,698	19,531	
043	01 CT SCAN		7,337	81,318	366,977	1,282,820	192,709	29,806	
043	02 ULTRASOUND		955	14,896	67,224	594,198	89,262	33,643	
043	03 MRI		1,897	23,768	107,261	787,472	118,296	14,979	
044	LABORATORY	849	52,072	159,151	718,230	6,649,506	998,909	220,240	
047	BLOOD STORING, PROCESSING		2,677	5,633	25,421	777,739	116,834	7,804	
049	RESPIRATORY THERAPY		1,901	9,132	41,211	1,009,335	151,625	25,146	
050	PHYSICAL THERAPY		3,401	23,055	104,045	1,773,719	266,453	176,105	
050	01 OCCUPATIONAL HEALTH								
051	OCCUPATIONAL THERAPY		282	3,166	14,287	234,230	35,187	8,411	
052	SPEECH PATHOLOGY		91	1,222	5,513	112,768	16,940	4,335	
053	ELECTROCARDIOLOGY		864	15,316	69,119	258,559	38,842	5,051	
053	01 CARDIAC REHAB		145	1,012	4,567	252,168	37,881	84,541	
054	ELECTROENCEPHALOGRAPHY			113	509	12,026	1,807	7,392	
054	01 CARDIAC CATH		11,210	14,899	67,239	611,154	91,809	26,511	
055	MEDICAL SUPPLIES CHARGED			45,041	203,263	2,923,398	439,162		
056	DRUGS CHARGED TO PATIENTS			46,324	209,054	2,416,732	363,049		
059	RENAL DIALYSIS		1,964	1,827	8,246	295,726	44,425	17,147	
	OUTPAT SERVICE COST CNTRS								
060	CLINIC		114	532	2,402	212,227	31,881		
061	EMERGENCY		10,941	54,410	245,545	3,300,820	495,859	270,011	
062	OBSERVATION BEDS (NON-DIS								
	SPEC PURPOSE COST CENTERS								
085	HEART ACQUISITION								
085	01 PANCREAS ACQUISITION								
086	OTHER ORGAN ACQUISITION								
095	SUBTOTALS	2,314,849	431,227	857,381	3,868,973	69,088,400	9,005,133	3,014,082	
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP					10,704	1,608	21,590	
097	RESEARCH								
098	PHYSICIANS' PRIVATE OFFIC								
099	NONPAID WORKERS								
100	FUND RAISING		80			3,351	503	7,218	
100	01 TUMOR REGISTRY					47,265	7,100	780	
100	02 O/P MEALS								
100	03 LIFELINE					72,543	10,898	780	
100	04 WADCC					71,930	10,806	123,560	
100	05 45 EAST AVENUE-RENTAL					27,376	4,113	32,516	
100	06 81 BEACH STREET-RENTAL					84,320	12,667	156,076	
100	07 11 WELLS STREET					18,933	2,844	21,677	
100	08 MORGAN BUILDING-RENTAL					175,642	26,385		
100	09 MYSTIC MOB		135			393,990	59,186		
100	10 PM-CHARLESTOWN					11,200	1,682		
100	11 PM-NORTH STONINGTON					3,552	534		
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	2,314,849	431,442	857,381	3,868,973	70,009,206	9,143,459	3,378,279	

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD	
COST ALLOCATION - GENERAL SERVICE COSTS		I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/29/2008
		I	41-0013	I	FROM 10/ 1/2006	I	WORKSHEET B
		I		I	TO 9/30/2007	I	PART I
COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,742,267						
009 LAUNDRY & LINEN SERVICE	4,231	330,519					
010 HOUSEKEEPING	37,414		1,868,483				
011 DIETARY	44,782	1,718		1,818,460			
012 CAFETERIA	36,320		45,971		236,716		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	17,872				5,394		1,376,706
015 CENTRAL SERVICES & SUPPLY	42,006		27,865		2,397		
016 PHARMACY	12,287		2,183		6,592		
017 MEDICAL RECORDS & LIBRARY	32,844		4,238		10,787		
018 SOCIAL SERVICE	4,254		5,008		2,397		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	403,025	127,226	1,103,550	1,471,960	59,326		695,823
026 INTENSIVE CARE UNIT	65,068	19,792	110,817	152,217	11,386		128,967
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	3,498	2,961	19,133				
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	212,637	92,595	307,540		31,762		357,887
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	141,656	29,328	41,091		19,177		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	10,166	1,836			1,199		
043 01 CT SCAN	15,514	1,836	7,961		2,397		
043 02 ULTRASOUND	17,511	1,836			2,397		
043 03 MRI	7,796	1,836	7,319		1,199		
044 LABORATORY	114,634		37,367		29,365		
047 BLOOD STORING, PROCESSING	4,062				1,199		
049 RESPIRATORY THERAPY	13,088		5,265		5,394		
050 PHYSICAL THERAPY	91,662		32,744		12,585		
050 01 OCCUPATIONAL HEALTH							
051 OCCUPATIONAL THERAPY	4,378				1,798		
052 SPEECH PATHOLOGY	2,257				599		
053 ELECTROCARDIOLOGY	2,629		8,090		1,199		
053 01 CARDIAC REHAB	44,003		5,778		1,798		
054 ELECTROENCEPHALOGRAPHY	3,847		5,907				
054 01 CARDIAC CATH	13,799		2,953		1,199		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 RENAL DIALYSIS	8,925				1,199		14,545
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					599		
061 EMERGENCY	140,539	49,555	84,750		21,574		179,484
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
095 SUBTOTALS	1,552,704	330,519	1,865,530	1,624,177	234,918		1,376,706
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	11,238		2,953				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 FUND RAISING	3,757				1,199		
100 01 TUMOR REGISTRY	406				599		
100 02 O/P MEALS				194,283			
100 03 LIFELINE	406						
100 04 WADCC	64,312						
100 05 45 EAST AVENUE-RENTAL	16,924						
100 06 81 BEACH STREET-RENTAL	81,237						
100 07 11 WELLS STREET	11,283						
100 08 MORGAN BUILDING-RENTAL							
100 09 MYSTIC MOB							
100 10 PM-CHARLESTOWN							
100 11 PM-NORTH STONINGTON							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,742,267	330,519	1,868,483	1,818,460	236,716		1,376,706

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1996)			
ALLOCATION OF OLD CAPITAL RELATED COSTS		I PROVIDER NO: 41-0013		I PERIOD: FROM 10/ 1/2006 TO 9/30/2007		I PREPARED 4/29/2008		I WORKSHEET B	
								PART II	
	COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	
		0	1	2	3	4	4a	5	
	GENERAL SERVICE COST CNTR								
001	OLD CAP REL COSTS-BLDG &								
002	OLD CAP REL COSTS-MVBLE E								
003	NEW CAP REL COSTS-BLDG &								
004	NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS		607				607	607	
006 01	NONPATIENT TELEPHONES		305				305	4	
006 02	DATA PROCESSING		776				776	12	
006 03	PURCHASING, RECEIVING AND		1,583				1,583	3	
006 04	ADMITTING		200	128			328	11	
006 05	CASHIERING/ACCOUNTS RECEI		868				868	14	
006 06	OTHER ADMINISTRATIVE AND		10,236				10,236	43	
007	MAINTENANCE & REPAIRS		3,101				3,101	15	
008	OPERATION OF PLANT		406				406		
009	LAUNDRY & LINEN SERVICE		107				107		
010	HOUSEKEEPING		943	57			1,000	18	
011	DIETARY		1,128				1,128	15	
012	CAFETERIA		915				915	1	
013	MAINTENANCE OF PERSONNEL								
014	NURSING ADMINISTRATION		450				450	12	
015	CENTRAL SERVICES & SUPPLY		1,058				1,058	4	
016	PHARMACY		310				310	16	
017	MEDICAL RECORDS & LIBRARY		828				828	14	
018	SOCIAL SERVICE		107				107	4	
	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS		10,155	32			10,187	113	
026	INTENSIVE CARE UNIT		1,639				1,639	28	
029	SURGICAL INTENSIVE CARE U								
033	NURSERY		88	14			102		
	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM		5,358				5,358	60	
038	RECOVERY ROOM								
039	DELIVERY ROOM & LABOR ROO								
040	ANESTHESIOLOGY								
041	RADIOLOGY-DIAGNOSTIC		3,569				3,569	32	
042	RADIOLOGY-THERAPEUTIC								
043	RADIOISOTOPE		256				256	3	
043 01	CT SCAN		391				391	7	
043 02	ULTRASOUND		441				441	6	
043 03	MRI		196				196	4	
044	LABORATORY		2,888	15			2,903	48	
047	BLOOD STORING, PROCESSING		102				102	2	
049	RESPIRATORY THERAPY		330				330	12	
050	PHYSICAL THERAPY		2,310				2,310	21	
050 01	OCCUPATIONAL HEALTH								
051	OCCUPATIONAL THERAPY		110				110	3	
052	SPEECH PATHOLOGY		57				57	1	
053	ELECTROCARDIOLOGY		66				66	2	
053 01	CARDIAC REHAB		1,109				1,109	3	
054	ELECTROENCEPHALOGRAPHY		97				97		
054 01	CARDIAC CATH		348				348	5	
055	MEDICAL SUPPLIES CHARGED								
056	DRUGS CHARGED TO PATIENTS								
059	RENAL DIALYSIS		225				225	3	
	OUTPAT SERVICE COST CNTRS								
060	CLINIC			39			39	2	
061	EMERGENCY		3,541	66			3,607	64	
062	OBSERVATION BEDS (NON-DIS								
	SPEC PURPOSE COST CENTERS								
085	HEART ACQUISITION								
085 01	PANCREAS ACQUISITION								
086	OTHER ORGAN ACQUISITION								
095	SUBTOTALS		57,204	351			57,555	605	
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP		283				283		
097	RESEARCH								
098	PHYSICIANS' PRIVATE OFFIC								
099	NONPAID WORKERS								
100	FUND RAISING		95				95		
100 01	TUMOR REGISTRY		10				10	1	
100 02	O/P MEALS								
100 03	LIFELINE		10				10		
100 04	WADCC		1,620				1,620		
100 05	45 EAST AVENUE-RENTAL		426				426		
100 06	81 BEACH STREET-RENTAL		2,047				2,047		
100 07	11 WELLS STREET		284				284		
100 08	MORGAN BUILDING-RENTAL		4,122				4,122		
100 09	MYSTIC MOB		2,627				2,627	1	
100 10	PM-CHARLESTOWN								
100 11	PM-NORTH STONINGTON								
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL		68,728	351			69,079	607	

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1996)CONTD			
ALLOCATION OF OLD CAPITAL RELATED COSTS				I PROVIDER NO: 41-0013		I PERIOD: FROM 10/ 1/2006 TO 9/30/2007		I PREPARED 4/29/2008 WORKSHEET B PART II	

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1996)CONTD		
ALLOCATION OF OLD CAPITAL RELATED COSTS				I PROVIDER NO: 41-0013	I PERIOD: FROM 10/ 1/2006 TO 9/30/2007	I PREPARED 4/29/2008 WORKSHEET B PART II		
COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
		8	9	10	11	12	13	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	699						
009	LAUNDRY & LINEN SERVICE	2	168					
010	HOUSEKEEPING	15		1,390				
011	DIETARY	18	1		1,568			
012	CAFETERIA	15		34		1,080		
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	7				25		801
015	CENTRAL SERVICES & SUPPLY	17		21		11		
016	PHARMACY	5		2		30		
017	MEDICAL RECORDS & LIBRARY	13		3		49		
018	SOCIAL SERVICE	2		4		11		
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	158	64	822	1,269	274		406
026	INTENSIVE CARE UNIT	26	10	82	131	52		75
029	SURGICAL INTENSIVE CARE U							
033	NURSERY	1	2	14				
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	85	47	229		145		208
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	57	15	31		87		
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE	4	1			5		
043	01 CT SCAN	6	1	6		11		
043	02 ULTRASOUND	7	1			11		
043	03 MRI	3	1	5		5		
044	LABORATORY	46		28		134		
047	BLOOD STORING, PROCESSING	2				5		
049	RESPIRATORY THERAPY	5		4		25		
050	PHYSICAL THERAPY	37		24		57		
050	01 OCCUPATIONAL HEALTH							
051	OCCUPATIONAL THERAPY	2				8		
052	SPEECH PATHOLOGY	1				3		
053	ELECTROCARDIOLOGY	1		6		5		
053	01 CARDIAC REHAB	18		4		8		
054	ELECTROENCEPHALOGRAPHY	2		4				
054	01 CARDIAC CATH	6		2		5		
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
059	RENAL DIALYSIS	4				5		8
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC					3		
061	EMERGENCY	56	25	63		98		104
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
095	SUBTOTALS	621	168	1,388	1,400	1,072		801
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	5		2				
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
100	FUND RAISING	2				5		
100	01 TUMOR REGISTRY					3		
100	02 O/P MEALS				168			
100	03 LIFELINE							
100	04 WADCC	26						
100	05 45 EAST AVENUE-RENTAL	7						
100	06 81 BEACH STREET-RENTAL	33						
100	07 11 WELLS STREET	5						
100	08 MORGAN BUILDING-RENTAL							
100	09 MYSTIC MOB							
100	10 PM-CHARLESTOWN							
100	11 PM-NORTH STONINGTON							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	699	168	1,390	1,568	1,080		801

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1996)CONTD			
ALLOCATION OF OLD CAPITAL RELATED COSTS				I PROVIDER NO: I PERIOD: I PREPARED 4/29/2008					
				I 41-0013 I FROM 10/ 1/2006 I WORKSHEET B					
				I I TO 9/30/2007 I PART II					
	COST CENTER	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	SUBTOTAL	POST	TOTAL	
	DESCRIPTION	CES & SUPPLY		DS & LIBRARY	E		STEPDOWN		
		15	16	17	18	25	ADJUSTMENT	26	27
	GENERAL SERVICE COST CNTR								
001	OLD CAP REL COSTS-BLDG &								
002	OLD CAP REL COSTS-MVBLE E								
003	NEW CAP REL COSTS-BLDG &								
004	NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS								
006	01 NONPATIENT TELEPHONES								
006	02 DATA PROCESSING								
006	03 PURCHASING, RECEIVING AND								
006	04 ADMITTING								
006	05 CASHIERING/ACCOUNTS RECEI								
006	06 OTHER ADMINISTRATIVE AND								
007	MAINTENANCE & REPAIRS								
008	OPERATION OF PLANT								
009	LAUNDRY & LINEN SERVICE								
010	HOUSEKEEPING								
011	DIETARY								
012	CAFETERIA								
013	MAINTENANCE OF PERSONNEL								
014	NURSING ADMINISTRATION								
015	CENTRAL SERVICES & SUPPLY	1,339							
016	PHARMACY	1	1,032						
017	MEDICAL RECORDS & LIBRARY			1,186					
018	SOCIAL SERVICE				196				
	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	51		111	16	16,328			16,328
026	INTENSIVE CARE UNIT	14		30	4	2,699			2,699
029	SURGICAL INTENSIVE CARE U								
033	NURSERY			6	1	151			151
	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM	184		238	60	9,250			9,250
038	RECOVERY ROOM								
039	DELIVERY ROOM & LABOR ROO			11	2	44			44
040	ANESTHESIOLOGY								
041	RADIOLOGY-DIAGNOSTIC	31		70	10	4,946			4,946
042	RADIOLOGY-THERAPEUTIC								
043	RADIOISOTOPE	1		28	4	471			471
043	01 CT SCAN	7		112	16	1,028			1,028
043	02 ULTRASOUND	2		21	3	672			672
043	03 MRI		15	33	5	480			480
044	LABORATORY	40		219	31	5,410			5,410
047	BLOOD STORING, PROCESSING	2		8	1	285			285
049	RESPIRATORY THERAPY	3		13	2	624			624
050	PHYSICAL THERAPY	11		32	5	3,060			3,060
050	01 OCCUPATIONAL HEALTH								
051	OCCUPATIONAL THERAPY			4	1	185			185
052	SPEECH PATHOLOGY			2		90			90
053	ELECTROCARDIOLOGY	4		21	3	199			199
053	01 CARDIAC REHAB	1		1		1,281			1,281
054	ELECTROENCEPHALOGRAPHY					116			116
054	01 CARDIAC CATH	8		21	3	609			609
055	MEDICAL SUPPLIES CHARGED	944		62	9	1,619			1,619
056	DRUGS CHARGED TO PATIENTS		1,017	64	9	1,610			1,610
059	RENAL DIALYSIS	11		3		341			341
	OUTPAT SERVICE COST CNTRS								
060	CLINIC			1		82			82
061	EMERGENCY	24		75	11	5,166			5,166
062	OBSERVATION BEDS (NON-DIS								
	SPEC PURPOSE COST CENTERS								
085	HEART ACQUISITION								
085	01 PANCREAS ACQUISITION								
086	OTHER ORGAN ACQUISITION								
095	SUBTOTALS	1,339	1,032	1,186	196	56,746			56,746
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP					315			315
097	RESEARCH								
098	PHYSICIANS' PRIVATE OFFIC								
099	NONPAID WORKERS								
100	FUND RAISING					111			111
100	01 TUMOR REGISTRY					23			23
100	02 O/P MEALS					168			168
100	03 LIFELINE					23			23
100	04 WADCC					1,792			1,792
100	05 45 EAST AVENUE-RENTAL					473			473
100	06 81 BEACH STREET-RENTAL					2,263			2,263
100	07 11 WELLS STREET					315			315
100	08 MORGAN BUILDING-RENTAL					4,152			4,152
100	09 MYSTIC MOB					2,695			2,695
100	10 PM-CHARLESTOWN					2			2
100	11 PM-NORTH STONINGTON					1			1
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL	1,339	1,032	1,186	196	69,079			69,079

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1996)			
ALLOCATION OF NEW CAPITAL RELATED COSTS						I PROVIDER NO: 41-0013		I PERIOD: FROM 10/ 1/2006 TO 9/30/2007	
								I PREPARED 4/29/2008	
								I WORKSHEET B	
								I PART III	
	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	
		0	1	2	3	4	4a	5	
	GENERAL SERVICE COST CNTR								
001	OLD CAP REL COSTS-BLDG &								
002	OLD CAP REL COSTS-MVBLE E								
003	NEW CAP REL COSTS-BLDG &								
004	NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS				18,574	4,411	22,985	22,985	
006	01 NONPATIENT TELEPHONES				9,331	955	10,286	145	
006	02 DATA PROCESSING				23,731	213,873	237,604	432	
006	03 PURCHASING, RECEIVING AND				48,419	2,679	51,098	105	
006	04 ADMITTING				6,113		6,113	411	
006	05 CASHIERING/ACCOUNTS RECEI				26,549	6,361	32,910	505	
006	06 OTHER ADMINISTRATIVE AND				313,052	266,309	579,361	1,587	
007	MAINTENANCE & REPAIRS				94,855	20,484	115,339	575	
008	OPERATION OF PLANT				12,418	779	13,197		
009	LAUNDRY & LINEN SERVICE				3,261		3,261		
010	HOUSEKEEPING				28,836	18,606	47,442	675	
011	DIETARY				34,514	27,519	62,033	556	
012	CAFETERIA				27,992	1,569	29,561	49	
013	MAINTENANCE OF PERSONNEL								
014	NURSING ADMINISTRATION				13,774	21,376	35,150	457	
015	CENTRAL SERVICES & SUPPLY				32,375	44,842	77,217	156	
016	PHARMACY				9,470	24,477	33,947	595	
017	MEDICAL RECORDS & LIBRARY				25,314	6,848	32,162	505	
018	SOCIAL SERVICE				3,278	1,079	4,357	157	
	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS				310,618	204,537	515,155	4,607	
026	INTENSIVE CARE UNIT				50,149	37,717	87,866	1,050	
029	SURGICAL INTENSIVE CARE U								
033	NURSERY				2,696	1,453	4,149		
	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM				163,883	287,103	450,986	2,230	
038	RECOVERY ROOM								
039	DELIVERY ROOM & LABOR ROO					1,940	1,940		
040	ANESTHESIOLOGY								
041	RADIOLOGY-DIAGNOSTIC				109,177	311,055	420,232	1,172	
042	RADIOLOGY-THERAPEUTIC								
043	RADIOISOTOPE				7,835	10,317	18,152	124	
043	01 CT SCAN				11,957	206	12,163	267	
043	02 ULTRASOUND				13,496	35,726	49,222	227	
043	03 MRI				6,009	60,427	66,436	135	
044	LABORATORY				88,350	159,587	247,937	1,767	
047	BLOOD STORING, PROCESSING				3,131	1,037	4,168	93	
049	RESPIRATORY THERAPY				10,087	37,507	47,594	448	
050	PHYSICAL THERAPY				70,646	22,854	93,500	781	
050	01 OCCUPATIONAL HEALTH								
051	OCCUPATIONAL THERAPY				3,374		3,374	107	
052	SPEECH PATHOLOGY				1,739		1,739	55	
053	ELECTROCARDIOLOGY				2,026	7,825	9,851	72	
053	01 CARDIAC REHAB				33,914	9,094	43,008	97	
054	ELECTROENCEPHALOGRAPHY				2,965		2,965		
054	01 CARDIAC CATH				10,635	195,592	206,227	173	
055	MEDICAL SUPPLIES CHARGED								
056	DRUGS CHARGED TO PATIENTS								
059	RENAL DIALYSIS				6,878	1,605	8,483	122	
	OUTPAT SERVICE COST CNTRS								
060	CLINIC					4,146	4,146	89	
061	EMERGENCY				108,316	55,245	163,561	2,383	
062	OBSERVATION BEDS (NON-DIS								
	SPEC PURPOSE COST CENTERS								
085	HEART ACQUISITION								
085	01 PANCREAS ACQUISITION								
086	OTHER ORGAN ACQUISITION								
095	SUBTOTALS				1,749,737	2,107,140	3,856,877	22,909	
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP				8,661	1,480	10,141		
097	RESEARCH								
098	PHYSICIANS' PRIVATE OFFIC								
099	NONPAID WORKERS								
100	FUND RAISING				2,896		2,896		
100	01 TUMOR REGISTRY				313	55	368	24	
100	02 O/P MEALS								
100	03 LIFELINE				313		313	15	
100	04 WADCC				49,567		49,567		
100	05 45 EAST AVENUE-RENTAL				13,044		13,044		
100	06 81 BEACH STREET-RENTAL				62,611	49	62,660		
100	07 11 WELLS STREET				8,696		8,696		
100	08 MORGAN BUILDING-RENTAL				126,091		126,091		
100	09 MYSTIC MOB				80,350	6,873	87,223	37	
100	10 PM-CHARLESTOWN								
100	11 PM-NORTH STONINGTON								
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL				2,102,279	2,115,597	4,217,876	22,985	

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1996)CONTD			
ALLOCATION OF NEW CAPITAL RELATED COSTS						I PROVIDER NO: I PERIOD: I PREPARED 4/29/2008			
						I 41-0013 I FROM 10/ 1/2006 I WORKSHEET B			
						I TO 9/30/2007 I PART III			
COST CENTER DESCRIPTION		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	
		6.01	6.02	6.03	6.04	6.05	6.06	7	
001	GENERAL SERVICE COST CNTR								
002	OLD CAP REL COSTS-BLDG &								
003	OLD CAP REL COSTS-MVBLE E								
004	NEW CAP REL COSTS-BLDG &								
005	NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS								
006 01	NONPATIENT TELEPHONES	10,431							
006 02	DATA PROCESSING	709	238,745						
006 03	PURCHASING, RECEIVING AND	236		51,439					
006 04	ADMITTING	66	3,683	93	10,366				
006 05	CASHIERING/ACCOUNTS RECEI	631	214,315	63		248,424			
006 06	OTHER ADMINISTRATIVE AND	1,130	113	175			582,366		
007	MAINTENANCE & REPAIRS	447		889			28,102	145,352	
008	OPERATION OF PLANT			217			14,235	1,332	
009	LAUNDRY & LINEN SERVICE			103			2,647	350	
010	HOUSEKEEPING	118		485			14,634	3,093	
011	DIETARY	250		1,852			14,024	3,702	
012	CAFETERIA	13		855			704	3,002	
013	MAINTENANCE OF PERSONNEL								
014	NURSING ADMINISTRATION	92	20,422	88			10,973	1,477	
015	CENTRAL SERVICES & SUPPLY	79		1,230			5,673	3,472	
016	PHARMACY	250		11,321			15,977	1,016	
017	MEDICAL RECORDS & LIBRARY	434	123	83			10,986	2,715	
018	SOCIAL SERVICE	92					3,147	352	
025	INPAT ROUTINE SRVC CNTRS								
026	ADULTS & PEDIATRICS	2,101		2,065	963	23,259	97,303	33,313	
029	INTENSIVE CARE UNIT	407		525	260	6,281	22,136	5,379	
033	SURGICAL INTENSIVE CARE U								
033	NURSERY	13		26	50	1,204	388	289	
037	ANCILLARY SRVC COST CNTRS								
038	OPERATING ROOM	644		18,264	2,132	49,657	69,815	17,577	
039	RECOVERY ROOM								
040	DELIVERY ROOM & LABOR ROO	13		71	95	2,285	544		
041	ANESTHESIOLOGY								
042	RADIOLOGY-DIAGNOSTIC	473	1	1,510	610	14,722	31,981	11,710	
043	RADIOLOGY-THERAPEUTIC								
043	RADIOISOTOPE	66		71	244	5,888	5,395	840	
043 01	CT SCAN	53		875	976	23,565	12,274	1,282	
043 02	ULTRASOUND	131		114	179	4,317	5,685	1,448	
043 03	MRI			226	285	6,888	7,535	644	
044	LABORATORY	841	88	6,208	1,910	46,120	63,622	9,476	
047	BLOOD STORING, PROCESSING	13		319	68	1,632	7,441	336	
049	RESPIRATORY THERAPY	79		227	110	2,646	9,657	1,082	
050	PHYSICAL THERAPY	105		405	277	6,681	16,971	7,577	
050 01	OCCUPATIONAL HEALTH								
051	OCCUPATIONAL THERAPY			34	38	917	2,241	362	
052	SPEECH PATHOLOGY	13		11	15	354	1,079	187	
053	ELECTROCARDIOLOGY	105		103	184	4,438	2,474	217	
053 01	CARDIAC REHAB			17	12	293	2,413	3,637	
054	ELECTROENCEPHALOGRAPHY	92			1	33	115	318	
054 01	CARDIAC CATH	66		1,336	179	4,318	5,848	1,141	
055	MEDICAL SUPPLIES CHARGED				541	13,052	27,971		
056	DRUGS CHARGED TO PATIENTS				556	13,424	23,123		
059	RENAL DIALYSIS	39		234	22	529	2,830	738	
060	OUTPAT SERVICE COST CNTRS								
061	CLINIC			14	6	154	2,031		
062	EMERGENCY	604		1,304	653	15,767	31,582	11,617	
085	OBSERVATION BEDS (NON-DIS								
085 01	SPEC PURPOSE COST CENTERS								
086	HEART ACQUISITION								
086 01	PANCREAS ACQUISITION								
095	OTHER ORGAN ACQUISITION								
095	SUBTOTALS	10,405	238,745	51,413	10,366	248,424	573,556	129,681	
096	NONREIMBURS COST CENTERS								
097	GIFT, FLOWER, COFFEE SHOP	13					102	929	
098	RESEARCH								
099	PHYSICIANS' PRIVATE OFFIC								
100	NONPAID WORKERS								
100 01	FUND RAISING	13		10			32	311	
100 02	TUMOR REGISTRY						452	34	
100 03	O/P MEALS								
100 04	LIFELINE						694	34	
100 05	WADCC						688	5,316	
100 06	45 EAST AVENUE-RENTAL						262	1,399	
100 07	81 BEACH STREET-RENTAL						807	6,715	
100 08	11 WELLS STREET						181	933	
100 09	MORGAN BUILDING-RENTAL						1,681		
100 10	MYSTIC MOB			16			3,770		
100 11	PM-CHARLESTOWN						107		
101	PM-NORTH STONINGTON						34		
102	CROSS FOOT ADJUSTMENTS								
103	NEGATIVE COST CENTER								
103	TOTAL	10,431	238,745	51,439	10,366	248,424	582,366	145,352	

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1996)CONTD			
ALLOCATION OF NEW CAPITAL RELATED COSTS				I I I	PROVIDER NO: 41-0013	I I I	PERIOD: FROM 10/ 1/2006 TO 9/30/2007	I I I	PREPARED 4/29/2008 WORKSHEET B PART III
COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	
		8	9	10	11	12	13	14	
001	GENERAL SERVICE COST CNTR								
002	OLD CAP REL COSTS-BLDG &								
003	OLD CAP REL COSTS-MVBLE E								
004	NEW CAP REL COSTS-BLDG &								
005	NEW CAP REL COSTS-MVBLE E								
006	EMPLOYEE BENEFITS								
006 01	NONPATIENT TELEPHONES								
006 02	DATA PROCESSING								
006 03	PURCHASING, RECEIVING AND								
006 04	ADMITTING								
006 05	CASHIERING/ACCOUNTS RECEI								
006 06	OTHER ADMINISTRATIVE AND								
007	MAINTENANCE & REPAIRS								
008	OPERATION OF PLANT	28,981							
009	LAUNDRY & LINEN SERVICE	70	6,431						
010	HOUSEKEEPING	622		67,069					
011	DIETARY	745	33		83,195				
012	CAFETERIA	604		1,650		36,438			
013	MAINTENANCE OF PERSONNEL								
014	NURSING ADMINISTRATION	297				830		69,786	
015	CENTRAL SERVICES & SUPPLY	699		1,000		369			
016	PHARMACY	204		78		1,015			
017	MEDICAL RECORDS & LIBRARY	546		152		1,660			
018	SOCIAL SERVICE	71		180		369			
025	INPAT ROUTINE SRVC CNTRS								
026	ADULTS & PEDIATRICS	6,703	2,474	39,613	67,343	9,137		35,273	
026	INTENSIVE CARE UNIT	1,082	385	3,978	6,964	1,753		6,537	
029	SURGICAL INTENSIVE CARE U								
033	NURSERY	58	58	687					
037	ANCILLARY SRVC COST CNTRS								
038	OPERATING ROOM	3,537	1,802	11,039		4,889		18,141	
039	RECOVERY ROOM								
040	DELIVERY ROOM & LABOR ROO								
041	ANESTHESIOLOGY								
042	RADIOLOGY-DIAGNOSTIC	2,356	571	1,475		2,952			
043	RADIOLOGY-THERAPEUTIC								
043	RADIOISOTOPE	169	36			184			
043 01	CT SCAN	258	36	286		369			
043 02	ULTRASOUND	291	36			369			
043 03	MRI	130	36	263		184			
044	LABORATORY	1,907		1,341		4,520			
047	BLOOD STORING, PROCESSING	68				184			
049	RESPIRATORY THERAPY	218		189		830			
050	PHYSICAL THERAPY	1,525		1,175		1,937			
050 01	OCCUPATIONAL HEALTH								
051	OCCUPATIONAL THERAPY	73				277			
052	SPEECH PATHOLOGY	38				92			
053	ELECTROCARDIOLOGY	44		290		184			
053 01	CARDIAC REHAB	732		207		277			
054	ELECTROENCEPHALOGRAPHY	64		212					
054 01	CARDIAC CATH	230		106		184			
055	MEDICAL SUPPLIES CHARGED								
056	DRUGS CHARGED TO PATIENTS								
059	RENAL DIALYSIS	148				184		737	
060	OUTPAT SERVICE COST CNTRS								
061	CLINIC					92			
062	EMERGENCY	2,338	964	3,042		3,321		9,098	
085	OBSERVATION BEDS (NON-DIS								
085 01	SPEC PURPOSE COST CENTERS								
086	HEART ACQUISITION								
086 01	PANCREAS ACQUISITION								
095	OTHER ORGAN ACQUISITION								
096	SUBTOTALS	25,827	6,431	66,963	74,307	36,162		69,786	
097	NONREIMBURS COST CENTERS								
098	GIFT, FLOWER, COFFEE SHOP	187		106					
099	RESEARCH								
100	PHYSICIANS' PRIVATE OFFIC								
100 01	NONPAID WORKERS								
100 02	FUND RAISING	62				184			
100 03	TUMOR REGISTRY	7				92			
100 04	O/P MEALS				8,888				
100 05	LIFELINE	7							
100 06	WADCC	1,070							
100 07	45 EAST AVENUE-RENTAL	282							
100 08	81 BEACH STREET-RENTAL	1,351							
100 09	11 WELLS STREET	188							
100 10	MORGAN BUILDING-RENTAL								
100 11	MYSTIC MOB								
101	PM-CHARLESTOWN								
102	PM-NORTH STONINGTON								
103	CROSS FOOT ADJUSTMENTS								
103	NEGATIVE COST CENTER								
103	TOTAL	28,981	6,431	67,069	83,195	36,438		69,786	

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1996)CONTD			
ALLOCATION OF NEW CAPITAL RELATED COSTS				I PROVIDER NO: I PERIOD: I PREPARED 4/29/2008					
				I 41-0013 I FROM 10/ 1/2006 I WORKSHEET B					
				I I TO 9/30/2007 I PART III					
	COST CENTER	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	SUBTOTAL	POST	TOTAL	
	DESCRIPTION	CES & SUPPLY		DS & LIBRARY	E		STEPDOWN		
		15	16	17	18	25	ADJUSTMENT	26	27
	GENERAL SERVICE COST CNTR								
001	OLD CAP REL COSTS-BLDG &								
002	OLD CAP REL COSTS-MVBLE E								
003	NEW CAP REL COSTS-BLDG &								
004	NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS								
006	01 NONPATIENT TELEPHONES								
006	02 DATA PROCESSING								
006	03 PURCHASING, RECEIVING AND								
006	04 ADMITTING								
006	05 CASHIERING/ACCOUNTS RECEI								
006	06 OTHER ADMINISTRATIVE AND								
007	MAINTENANCE & REPAIRS								
008	OPERATION OF PLANT								
009	LAUNDRY & LINEN SERVICE								
010	HOUSEKEEPING								
011	DIETARY								
012	CAFETERIA								
013	MAINTENANCE OF PERSONNEL								
014	NURSING ADMINISTRATION								
015	CENTRAL SERVICES & SUPPLY	89,895							
016	PHARMACY	93	64,496						
017	MEDICAL RECORDS & LIBRARY			49,366					
018	SOCIAL SERVICE				8,725				
	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	3,399		4,626	821	848,155			848,155
026	INTENSIVE CARE UNIT	960		1,249	222	147,034			147,034
029	SURGICAL INTENSIVE CARE U								
033	NURSERY	3		239	42	7,206			7,206
	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM	12,347		9,832	1,709	674,601			674,601
038	RECOVERY ROOM								
039	DELIVERY ROOM & LABOR ROO			455	81	5,484			5,484
040	ANESTHESIOLOGY								
041	RADIOLOGY-DIAGNOSTIC	2,057		2,928	520	495,270			495,270
042	RADIOLOGY-THERAPEUTIC								
043	RADIOISOTOPE	41		1,171	208	32,589			32,589
043	01 CT SCAN	471		4,687	832	58,394			58,394
043	02 ULTRASOUND	163		859	152	63,193			63,193
043	03 MRI	29	929	1,370	243	85,333			85,333
044	LABORATORY	2,698		9,174	1,628	399,237			399,237
047	BLOOD STORING, PROCESSING	144		325	58	14,849			14,849
049	RESPIRATORY THERAPY	185		526	93	63,884			63,884
050	PHYSICAL THERAPY	768	10	1,329	236	133,277			133,277
050	01 OCCUPATIONAL HEALTH								
051	OCCUPATIONAL THERAPY			182	32	7,637			7,637
052	SPEECH PATHOLOGY			70	12	3,665			3,665
053	ELECTROCARDIOLOGY	263		883	157	19,265			19,265
053	01 CARDIAC REHAB	47		58	10	50,808			50,808
054	ELECTROENCEPHALOGRAPHY			6	1	3,807			3,807
054	01 CARDIAC CATH	563		859	152	221,382			221,382
055	MEDICAL SUPPLIES CHARGED	63,324		2,596	461	107,945			107,945
056	DRUGS CHARGED TO PATIENTS		63,557	2,670	474	103,804			103,804
059	RENAL DIALYSIS	716		105	19	14,906			14,906
	OUTPAT SERVICE COST CNTRS								
060	CLINIC	20		31	5	6,588			6,588
061	EMERGENCY	1,593		3,136	557	251,520			251,520
062	OBSERVATION BEDS (NON-DIS								
	SPEC PURPOSE COST CENTERS								
085	HEART ACQUISITION								
085	01 PANCREAS ACQUISITION								
086	OTHER ORGAN ACQUISITION								
095	SUBTOTALS	89,884	64,496	49,366	8,725	3,819,833			3,819,833
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP					11,478			11,478
097	RESEARCH								
098	PHYSICIANS' PRIVATE OFFIC								
099	NONPAID WORKERS								
100	FUND RAISING					3,508			3,508
100	01 TUMOR REGISTRY					977			977
100	02 O/P MEALS					8,888			8,888
100	03 LIFELINE					1,063			1,063
100	04 WADCC					56,641			56,641
100	05 45 EAST AVENUE-RENTAL					14,987			14,987
100	06 81 BEACH STREET-RENTAL					71,533			71,533
100	07 11 WELLS STREET					9,998			9,998
100	08 MORGAN BUILDING-RENTAL					127,772			127,772
100	09 MYSTIC MOB	11				91,057			91,057
100	10 PM-CHARLESTOWN					107			107
100	11 PM-NORTH STONINGTON					34			34
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL	89,895	64,496	49,366	8,725	4,217,876			4,217,876

COST CENTER DESCRIPTION		DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	
		(MACHINE TIME	T(COST OF)UPPLIES	S() CHARGES	(GROSS) CHARGES	RECONCILIATION	(ACCUM. COST	(SQUARE)EET
		6.02	6.03	6.04	6.05	6a.06	6.06	7
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING	1,576,495						
006 03	PURCHASING, RECEIVING		8,343,051					
006 04	ADMITTING	24,318	15,007	168,662,214				
006 05	CASHIERING/ACCOUNTS R	1,415,176	10,146		168,662,214			
006 06	OTHER ADMINISTRATIVE	746	28,464			-9,143,459	60,865,747	
007	MAINTENANCE & REPAIRS		144,213				2,937,064	155,845
008	OPERATION OF PLANT		35,119				1,487,809	1,428
009	LAUNDRY & LINEN SERVI		16,690				276,606	375
010	HOUSEKEEPING		78,651				1,529,431	3,316
011	DIETARY		300,394				1,465,736	3,969
012	CAFETERIA		138,676				73,591	3,219
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO	134,854	14,216				1,146,824	1,584
015	CENTRAL SERVICES & SU		199,559				592,875	3,723
016	PHARMACY		1,836,350				1,669,795	1,089
017	MEDICAL RECORDS & LIB	814	13,544				1,148,168	2,911
018	SOCIAL SERVICE						328,929	377
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	1	334,927	15,790,091	15,790,091		10,169,579	35,720
026	INTENSIVE CARE UNIT		85,138	4,263,914	4,263,914		2,313,533	5,767
029	SURGICAL INTENSIVE CA							
033	NURSERY		4,253	817,090	817,090		40,583	310
	ANCILLARY SRVC COST C							
037	OPERATING ROOM		2,962,097	33,720,486	33,720,486		7,296,675	18,846
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR		11,471	1,551,328	1,551,328		56,827	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	8	244,868	9,994,557	9,994,557		3,342,501	12,555
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE		11,588	3,997,588	3,997,588		563,818	901
043 01	CT SCAN		141,875	15,997,963	15,997,963		1,282,820	1,375
043 02	ULTRASOUND		18,461	2,930,557	2,930,557		594,198	1,552
043 03	MRI		36,689	4,675,932	4,675,932		787,472	691
044	LABORATORY	578	1,006,944	31,310,438	31,310,438		6,649,506	10,160
047	BLOOD STORING, PROCES		51,769	1,108,203	1,108,203		777,739	360
049	RESPIRATORY THERAPY		36,763	1,796,541	1,796,541		1,009,335	1,160
050	PHYSICAL THERAPY		65,770	4,535,730	4,535,730		1,773,719	8,124
050 01	OCCUPATIONAL HEALTH							
051	OCCUPATIONAL THERAPY		5,459	622,843	622,843		234,230	388
052	SPEECH PATHOLOGY		1,765	240,346	240,346		112,768	200
053	ELECTROCARDIOLOGY		16,711	3,013,160	3,013,160		258,559	233
053 01	CARDIAC REHAB		2,797	199,099	199,099		252,168	3,900
054	ELECTROENCEPHALOGRAPH			22,173	22,173		12,026	341
054 01	CARDIAC CATH		216,765	2,931,206	2,931,206		611,154	1,223
055	MEDICAL SUPPLIES CHAR			8,861,041	8,861,041		2,923,398	
056	DRUGS CHARGED TO PATI			9,113,461	9,113,461		2,416,732	
059	RENAL DIALYSIS		37,983	359,463	359,463		295,726	791
	OUTPAT SERVICE COST C							
060	CLINIC		2,198	104,729	104,729		212,227	
061	EMERGENCY		211,572	10,704,275	10,704,275		3,300,820	12,456
062	OBSERVATION BEDS (NON							
	SPEC PURPOSE COST CEN							
085	HEART ACQUISITION							
085 01	PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITI							
095	SUBTOTALS	1,576,495	8,338,892	168,662,214	168,662,214	-9,143,459	59,944,941	139,044
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE						10,704	996
097	RESEARCH							
098	PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
100	FUND RAISING		1,554				3,351	333
100 01	TUMOR REGISTRY						47,265	36
100 02	O/P MEALS							
100 03	LIFELINE						72,543	36
100 04	WADCC						71,930	5,700
100 05	45 EAST AVENUE-RENTAL						27,376	1,500
100 06	81 BEACH STREET-RENTA						84,320	7,200
100 07	11 WELLS STREET						18,933	1,000
100 08	MORGAN BUILDING-RENTA						175,642	
100 09	MYSTIC MOB		2,605				393,990	
100 10	PM-CHARLESTOWN						11,200	
100 11	PM-NORTH STONINGTON						3,552	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	2,314,849	431,442	857,381	3,868,973		9,143,459	3,378,279
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.051713		.022939		.150223	
	(WRKSHT B, PT I)	1.468352		.005083				21.677173
105	COST TO BE ALLOCATED	809	1,593	356	1,631		10,317	3,656
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.000191		.000010		.000170	
	(WRKSHT B, PT II)	.000513		.000002				.023459
107	COST TO BE ALLOCATED	238,745	51,439	10,366	248,424		582,366	145,352
	(WRKSHT B, PART III							
108	UNIT COST MULTIPLIER		.006165		.001473		.009568	
	(WRKSHT B, PT III)	.151440		.000061				.932670

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD		
COST ALLOCATION - STATISTICAL BASIS		I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/29/2008	
		I	41-0013	I	FROM 10/ 1/2006	I	WORKSHEET B-1	
		I		I	TO 9/30/2007	I		
COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		(SQUARE FEET	F(POUNDS OF)AUNDRY	L(HOURS OF)SERVICE	S(MEALS)ERVED	S(NUMBER OF)TES	F)	(DIRECT NURSING HOUR)
		8	9	10	11	12	13	14
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS R							
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	154,417						
009	LAUNDRY & LINEN SERVI	375	33,482					
010	HOUSEKEEPING	3,316		14,551				
011	DIETARY	3,969	174		65,622			
012	CAFETERIA	3,219		358		395		
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO	1,584				9		411,154
015	CENTRAL SERVICES & SU	3,723		217		4		
016	PHARMACY	1,089		17		11		
017	MEDICAL RECORDS & LIB	2,911		33		18		
018	SOCIAL SERVICE	377		39		4		
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	35,720	12,888	8,594	53,118	99		207,808
026	INTENSIVE CARE UNIT	5,767	2,005	863	5,493	19		38,516
029	SURGICAL INTENSIVE CA							
033	NURSERY	310	300	149				
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	18,846	9,380	2,395		53		106,883
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	12,555	2,971	320		32		
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE	901	186			2		
043	01 CT SCAN	1,375	186	62		4		
043	02 ULTRASOUND	1,552	186			4		
043	03 MRI	691	186	57		2		
044	LABORATORY	10,160		291		49		
047	BLOOD STORING, PROCES	360				2		
049	RESPIRATORY THERAPY	1,160		41		9		
050	PHYSICAL THERAPY	8,124		255		21		
050	01 OCCUPATIONAL HEALTH							
051	OCCUPATIONAL THERAPY	388				3		
052	SPEECH PATHOLOGY	200				1		
053	ELECTROCARDIOLOGY	233		63		2		
053	01 CARDIAC REHAB	3,900		45		3		
054	ELECTROENCEPHALOGRAPH	341		46				
054	01 CARDIAC CATH	1,223		23		2		
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI							
059	RENAL DIALYSIS	791				2		4,344
	OUTPAT SERVICE COST C							
060	CLINIC					1		
061	EMERGENCY	12,456	5,020	660		36		53,603
062	OBSERVATION BEDS (NON							
	SPEC PURPOSE COST CEN							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITI							
095	SUBTOTALS	137,616	33,482	14,528	58,611	392		411,154
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	996		23				
097	RESEARCH							
098	PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
100	FUND RAISING	333				2		
100	01 TUMOR REGISTRY	36				1		
100	02 O/P MEALS				7,011			
100	03 LIFELINE	36						
100	04 WADCC	5,700						
100	05 45 EAST AVENUE-RENTAL	1,500						
100	06 81 BEACH STREET-RENTA	7,200						
100	07 11 WELLS STREET	1,000						
100	08 MORGAN BUILDING-RENTA							
100	09 MYSTIC MOB							
100	10 PM-CHARLESTOWN							
100	11 PM-NORTH STONINGTON							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	1,742,267	330,519	1,868,483	1,818,460	236,716		1,376,706
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		9.871543		27.711133			
	(WRKSHT B, PT I)	11.282870		128.409250		599.281013		3.348395
105	COST TO BE ALLOCATED	699	168	1,390	1,568	1,080		801
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.005018		.023894			
	(WRKSHT B, PT II)	.004527		.095526		2.734177		.001948
107	COST TO BE ALLOCATED	28,981	6,431	67,069	83,195	36,438		69,786
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.192073		1.267791			
	(WRKSHT B, PT III)	.187680		4.609236		92.248101		.169732
2552-96 v1701.100								

	COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR SOCIAL SERVIC DS & LIBRARY E	
		(COSTED EQUISITIONS	R(COSTED)EQUISITIONS	R(GROSS) CHARGES	(GROSS) CHARGES
		15	16	17	18
	GENERAL SERVICE COST				
001	OLD CAP REL COSTS-BLD				
002	OLD CAP REL COSTS-MVB				
003	NEW CAP REL COSTS-BLD				
004	NEW CAP REL COSTS-MVB				
005	EMPLOYEE BENEFITS				
006	01 NONPATIENT TELEPHONES				
006	02 DATA PROCESSING				
006	03 PURCHASING, RECEIVING				
006	04 ADMITTING				
006	05 CASHIERING/ACCOUNTS R				
006	06 OTHER ADMINISTRATIVE				
007	MAINTENANCE & REPAIRS				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVI				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
013	MAINTENANCE OF PERSON				
014	NURSING ADMINISTRATIO				
015	CENTRAL SERVICES & SU	3,511,811			
016	PHARMACY	3,622	2,193,281		
017	MEDICAL RECORDS & LIB			168,662,214	
018	SOCIAL SERVICE				168,662,214
	INPAT ROUTINE SRVC CN				
025	ADULTS & PEDIATRICS	132,788		15,790,091	15,790,091
026	INTENSIVE CARE UNIT	37,488		4,263,914	4,263,914
029	SURGICAL INTENSIVE CA				
033	NURSERY	115		817,090	817,090
	ANCILLARY SRVC COST C				
037	OPERATING ROOM	482,338		33,720,486	33,720,486
038	RECOVERY ROOM				
039	DELIVERY ROOM & LABOR			1,551,328	1,551,328
040	ANESTHESIOLOGY				
041	RADIOLOGY-DIAGNOSTIC	80,366		9,994,557	9,994,557
042	RADIOLOGY-THERAPEUTIC				
043	RADIOISOTOPE	1,592		3,997,588	3,997,588
043	01 CT SCAN	18,409		15,997,963	15,997,963
043	02 ULTRASOUND	6,363		2,930,557	2,930,557
043	03 MRI	1,130	31,581	4,675,932	4,675,932
044	LABORATORY	105,383		31,310,438	31,310,438
047	BLOOD STORING, PROCES	5,643		1,108,203	1,108,203
049	RESPIRATORY THERAPY	7,226		1,796,541	1,796,541
050	PHYSICAL THERAPY	30,019	344	4,535,730	4,535,730
050	01 OCCUPATIONAL HEALTH				
051	OCCUPATIONAL THERAPY			622,843	622,843
052	SPEECH PATHOLOGY			240,346	240,346
053	ELECTROCARDIOLOGY	10,268		3,013,160	3,013,160
053	01 CARDIAC REHAB	1,851		199,099	199,099
054	ELECTROENCEPHALOGRAPH			22,173	22,173
054	01 CARDIAC CATH	21,983		2,931,206	2,931,206
055	MEDICAL SUPPLIES CHAR	2,473,826		8,861,041	8,861,041
056	DRUGS CHARGED TO PATI		2,161,356	9,113,461	9,113,461
059	RENAL DIALYSIS	27,957		359,463	359,463
	OUTPAT SERVICE COST C				
060	CLINIC	782		104,729	104,729
061	EMERGENCY	62,237		10,704,275	10,704,275
062	OBSERVATION BEDS (NON				
	SPEC PURPOSE COST CEN				
085	HEART ACQUISITION				
085	01 PANCREAS ACQUISITION				
086	OTHER ORGAN ACQUISITI				
095	SUBTOTALS	3,511,386	2,193,281	168,662,214	168,662,214
	NONREIMBURS COST CENT				
096	GIFT, FLOWER, COFFEE				
097	RESEARCH				
098	PHYSICIANS' PRIVATE O				
099	NONPAID WORKERS				
100	FUND RAISING				
100	01 TUMOR REGISTRY				
100	02 O/P MEALS				
100	03 LIFELINE				
100	04 WADCC				
100	05 45 EAST AVENUE-RENTAL				
100	06 81 BEACH STREET-RENTA				
100	07 11 WELLS STREET				
100	08 MORGAN BUILDING-RENTA				
100	09 MYSTIC MOB	425			
100	10 PM-CHARLESTOWN				
100	11 PM-NORTH STONINGTON				
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	COST TO BE ALLOCATED	834,910	1,966,166	1,431,620	398,173
	(PER WRKSHT B, PART				
104	UNIT COST MULTIPLIER		.896450		.002361
	(WRKSHT B, PT I)	.237743		.008488	
105	COST TO BE ALLOCATED	1,339	1,032	1,186	196
	(PER WRKSHT B, PART				
106	UNIT COST MULTIPLIER		.000471		.000001
	(WRKSHT B, PT II)	.000381		.000007	
107	COST TO BE ALLOCATED	89,895	64,496	49,366	8,725
	(PER WRKSHT B, PART				
108	UNIT COST MULTIPLIER		.029406		.000052
	(WRKSHT B, PT III)	.025598		.000293	
2552-96 v1701.100					

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(05/1999)	
COMPUTATION OF RATIO OF COSTS TO CHARGES		I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/29/2008
		I	41-0013	I	FROM 10/ 1/2006	I	WORKSHEET C
		I		I	TO 9/30/2007	I	PART I
WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	16,535,402		16,535,402		16,535,402	
29	INTENSIVE CARE UNIT	3,329,510		3,329,510		3,329,510	
33	SURGICAL INTENSIVE CARE U NURSERY	87,883		87,883		87,883	
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	10,284,234		10,284,234		10,284,234	
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	82,195		82,195		82,195	
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	4,475,568		4,475,568		4,475,568	
43	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	724,996		724,996		724,996	
43	01 CT SCAN	1,710,982		1,710,982		1,710,982	
43	02 ULTRASOUND	772,154		772,154		772,154	
43	03 MRI	1,018,206		1,018,206		1,018,206	
44	LABORATORY	8,414,762		8,414,762		8,414,762	
47	BLOOD STORING, PROCESSING	921,002		921,002		921,002	
49	RESPIRATORY THERAPY	1,231,062		1,231,062		1,231,062	
50	PHYSICAL THERAPY	2,409,921		2,409,921		2,409,921	
50	01 OCCUPATIONAL HEALTH						
51	OCCUPATIONAL THERAPY	290,762		290,762		290,762	
52	SPEECH PATHOLOGY	139,506		139,506		139,506	
53	ELECTROCARDIOLOGY	349,501		349,501		349,501	
53	01 CARDIAC REHAB	428,769		428,769		428,769	
54	ELECTROENCEPHALOGRAPHY	31,219		31,219		31,219	
54	01 CARDIAC CATH	784,452		784,452		784,452	
55	MEDICAL SUPPLIES CHARGED	4,046,831		4,046,831		4,046,831	
56	DRUGS CHARGED TO PATIENTS	4,816,200		4,816,200		4,816,200	
59	RENAL DIALYSIS	392,514		392,514		392,514	
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	246,029		246,029		246,029	
62	EMERGENCY	4,673,519		4,673,519	24,129	4,697,648	
	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	68,197,179		68,197,179	24,129	68,221,308	
102	LESS OBSERVATION BEDS						
103	TOTAL	68,197,179		68,197,179	24,129	68,221,308	

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(05/1999)			
COMPUTATION OF RATIO OF COSTS TO CHARGES				I	PROVIDER NO:	I	PERIOD:	I	PREPARED
				I	41-0013	I	FROM 10/ 1/2006	I	4/29/2008
				I		I	TO 9/30/2007	I	WORKSHEET C
								I	PART I
WKST A	COST CENTER DESCRIPTION	INPATIENT CHARGES	OUTPATIENT CHARGES	TOTAL CHARGES	COST OR OTHER RATIO	TEFRA INPAT- IENT RATIO	PPS INPAT- IENT RATIO		
LINE NO.		6	7	8	9	10	11		
25	INPAT ROUTINE SRVC CNTRS								
26	ADULTS & PEDIATRICS	15,011,612		15,011,612					
29	INTENSIVE CARE UNIT	4,263,914		4,263,914					
33	SURGICAL INTENSIVE CARE U								
	NURSERY	817,090		817,090					
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM	7,097,315	26,623,171	33,720,486	.304985	.304985	.304985		
38	RECOVERY ROOM								
39	DELIVERY ROOM & LABOR ROO	1,142,833	408,495	1,551,328	.052984	.052984	.052984		
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC	2,079,268	7,915,289	9,994,557	.447801	.447801	.447801		
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE	781,038	3,216,550	3,997,588	.181358	.181358	.181358		
43 01	CT SCAN	3,309,486	12,688,477	15,997,963	.106950	.106950	.106950		
43 02	ULTRASOUND	508,847	2,421,710	2,930,557	.263484	.263484	.263484		
43 03	MRI	534,423	4,141,509	4,675,932	.217755	.217755	.217755		
44	LABORATORY	5,674,645	25,635,793	31,310,438	.268753	.268753	.268753		
47	BLOOD STORING, PROCESSING	421,041	687,162	1,108,203	.831077	.831077	.831077		
49	RESPIRATORY THERAPY	1,488,593	307,948	1,796,541	.685240	.685240	.685240		
50	PHYSICAL THERAPY	776,547	3,759,183	4,535,730	.531319	.531319	.531319		
50 01	OCCUPATIONAL HEALTH								
51	OCCUPATIONAL THERAPY	66,180	556,663	622,843	.466830	.466830	.466830		
52	SPEECH PATHOLOGY	86,130	154,216	240,346	.580438	.580438	.580438		
53	ELECTROCARDIOLOGY	1,356,857	1,656,303	3,013,160	.115992	.115992	.115992		
53 01	CARDIAC REHAB		199,099	199,099	2.153547	2.153547	2.153547		
54	ELECTROENCEPHALOGRAPHY	22,173		22,173	1.407974	1.407974	1.407974		
54 01	CARDIAC CATH	725,731	2,205,475	2,931,206	.267621	.267621	.267621		
55	MEDICAL SUPPLIES CHARGED	4,584,186	4,276,855	8,861,041	.456699	.456699	.456699		
56	DRUGS CHARGED TO PATIENTS	5,531,103	3,582,358	9,113,461	.528471	.528471	.528471		
59	RENAL DIALYSIS	354,468	4,995	359,463	1.091945	1.091945	1.091945		
	OUTPAT SERVICE COST CNTRS								
60	CLINIC	120	104,609	104,729	2.349196	2.349196	2.349196		
61	EMERGENCY	2,140,376	8,563,899	10,704,275	.436603	.436603	.438857		
62	OBSERVATION BEDS (NON-DIS	81,042	697,437	778,479					
	OTHER REIMBURS COST CNTRS								
101	SUBTOTAL	58,855,018	109,807,196	168,662,214					
102	LESS OBSERVATION BEDS								
103	TOTAL	58,855,018	109,807,196	168,662,214					

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		**NOT A CMS WORKSHEET **		(05/1999)	
COMPUTATION OF RATIO OF COSTS TO CHARGES		SPECIAL TITLE XIX WORKSHEET		I PROVIDER NO:		I PERIOD:		I PREPARED 4/29/2008	
				I 41-0013		I FROM 10/ 1/2006		I WORKSHEET C	
				I		I TO 9/30/2007		I PART I	
WKST A		COST CENTER DESCRIPTION		WKST B, PT I		THERAPY		TOTAL	
LINE NO.				COL. 27		ADJUSTMENT		COSTS	
				1		2		3	
								RCE	
								DISALLOWANCE	
								4	
								TOTAL	
								COSTS	
								5	
25		INPAT ROUTINE SRVC CNTRS							
26		ADULTS & PEDIATRICS		16,535,402				16,535,402	
29		INTENSIVE CARE UNIT		3,329,510				3,329,510	
33		SURGICAL INTENSIVE CARE U							
		NURSERY		87,883				87,883	
37		ANCILLARY SRVC COST CNTRS							
38		OPERATING ROOM		10,284,234				10,284,234	
39		RECOVERY ROOM							
40		DELIVERY ROOM & LABOR ROO		82,195				82,195	
41		ANESTHESIOLOGY							
42		RADIOLOGY-DIAGNOSTIC		4,475,568				4,475,568	
43		RADIOLOGY-THERAPEUTIC							
43		RADIOISOTOPE		724,996				724,996	
43		01 CT SCAN		1,710,982				1,710,982	
43		02 ULTRASOUND		772,154				772,154	
43		03 MRI		1,018,206				1,018,206	
44		LABORATORY		8,414,762				8,414,762	
47		BLOOD STORING, PROCESSING		921,002				921,002	
49		RESPIRATORY THERAPY		1,231,062				1,231,062	
50		PHYSICAL THERAPY		2,409,921				2,409,921	
50		01 OCCUPATIONAL HEALTH							
51		OCCUPATIONAL THERAPY		290,762				290,762	
52		SPEECH PATHOLOGY		139,506				139,506	
53		ELECTROCARDIOLOGY		349,501				349,501	
53		01 CARDIAC REHAB		428,769				428,769	
54		ELECTROENCEPHALOGRAPHY		31,219				31,219	
54		01 CARDIAC CATH		784,452				784,452	
55		MEDICAL SUPPLIES CHARGED		4,046,831				4,046,831	
56		DRUGS CHARGED TO PATIENTS		4,816,200				4,816,200	
59		RENAL DIALYSIS		392,514				392,514	
60		OUTPAT SERVICE COST CNTRS							
61		CLINIC		246,029				246,029	
62		EMERGENCY		4,673,519				4,697,648	
		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
101		SUBTOTAL		68,197,179				68,221,308	
102		LESS OBSERVATION BEDS							
103		TOTAL		68,197,179				68,221,308	

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		**NOT A CMS WORKSHEET **		(05/1999)	
COMPUTATION OF RATIO OF COSTS TO CHARGES		I PROVIDER NO:		I PERIOD:		I PREPARED 4/29/2008			
SPECIAL TITLE XIX WORKSHEET		I 41-0013		I FROM 10/ 1/2006		I WORKSHEET C			
		I		I TO 9/30/2007		I PART I			
WKST A	COST CENTER DESCRIPTION	INPATIENT	OUTPATIENT	TOTAL	COST OR	TEFRA INPAT-	PPS INPAT-		
LINE NO.		CHARGES	CHARGES	CHARGES	OTHER RATIO	IENT RATIO	IENT RATIO		
		6	7	8	9	10	11		
25	INPAT ROUTINE SRVC CNTRS								
26	ADULTS & PEDIATRICS	15,011,612		15,011,612					
29	INTENSIVE CARE UNIT	4,263,914		4,263,914					
33	SURGICAL INTENSIVE CARE U								
	NURSERY	817,090		817,090					
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM	7,097,315	26,623,171	33,720,486	.304985	.304985	.304985		
38	RECOVERY ROOM								
39	DELIVERY ROOM & LABOR ROO	1,142,833	408,495	1,551,328	.052984	.052984	.052984		
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC	2,079,268	7,915,289	9,994,557	.447801	.447801	.447801		
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE	781,038	3,216,550	3,997,588	.181358	.181358	.181358		
43 01	CT SCAN	3,309,486	12,688,477	15,997,963	.106950	.106950	.106950		
43 02	ULTRASOUND	508,847	2,421,710	2,930,557	.263484	.263484	.263484		
43 03	MRI	534,423	4,141,509	4,675,932	.217755	.217755	.217755		
44	LABORATORY	5,674,645	25,635,793	31,310,438	.268753	.268753	.268753		
47	BLOOD STORING, PROCESSING	421,041	687,162	1,108,203	.831077	.831077	.831077		
49	RESPIRATORY THERAPY	1,488,593	307,948	1,796,541	.685240	.685240	.685240		
50	PHYSICAL THERAPY	776,547	3,759,183	4,535,730	.531319	.531319	.531319		
50 01	OCCUPATIONAL HEALTH								
51	OCCUPATIONAL THERAPY	66,180	556,663	622,843	.466830	.466830	.466830		
52	SPEECH PATHOLOGY	86,130	154,216	240,346	.580438	.580438	.580438		
53	ELECTROCARDIOLOGY	1,356,857	1,656,303	3,013,160	.115992	.115992	.115992		
53 01	CARDIAC REHAB		199,099	199,099	2.153547	2.153547	2.153547		
54	ELECTROENCEPHALOGRAPHY	22,173		22,173	1.407974	1.407974	1.407974		
54 01	CARDIAC CATH	725,731	2,205,475	2,931,206	.267621	.267621	.267621		
55	MEDICAL SUPPLIES CHARGED	4,584,186	4,276,855	8,861,041	.456699	.456699	.456699		
56	DRUGS CHARGED TO PATIENTS	5,531,103	3,582,358	9,113,461	.528471	.528471	.528471		
59	RENAL DIALYSIS	354,468	4,995	359,463	1.091945	1.091945	1.091945		
	OUTPAT SERVICE COST CNTRS								
60	CLINIC	120	104,609	104,729	2.349196	2.349196	2.349196		
61	EMERGENCY	2,140,376	8,563,899	10,704,275	.436603	.436603	.438857		
62	OBSERVATION BEDS (NON-DIS	81,042	697,437	778,479					
	OTHER REIMBURS COST CNTRS								
101	SUBTOTAL	58,855,018	109,807,196	168,662,214					
102	LESS OBSERVATION BEDS								
103	TOTAL	58,855,018	109,807,196	168,662,214					

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27	WKST B PT II & III, COL. 27	COST NET OF CAPITAL COST	REDUCTION	REDUCTION AMOUNT	CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,284,234	683,851	9,600,383			10,284,234
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	82,195	5,528	76,667			82,195
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,475,568	500,216	3,975,352			4,475,568
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	724,996	33,060	691,936			724,996
43 01	CT SCAN	1,710,982	59,422	1,651,560			1,710,982
43 02	ULTRASOUND	772,154	63,865	708,289			772,154
43 03	MRI	1,018,206	85,813	932,393			1,018,206
44	LABORATORY	8,414,762	404,647	8,010,115			8,414,762
47	BLOOD STORING, PROCESSING	921,002	15,134	905,868			921,002
49	RESPIRATORY THERAPY	1,231,062	64,508	1,166,554			1,231,062
50	PHYSICAL THERAPY	2,409,921	136,337	2,273,584			2,409,921
50 01	OCCUPATIONAL HEALTH						
51	OCCUPATIONAL THERAPY	290,762	7,822	282,940			290,762
52	SPEECH PATHOLOGY	139,506	3,755	135,751			139,506
53	ELECTROCARDIOLOGY	349,501	19,464	330,037			349,501
53 01	CARDIAC REHAB	428,769	52,089	376,680			428,769
54	ELECTROENCEPHALOGRAPHY	31,219	3,923	27,296			31,219
54 01	CARDIAC CATH	784,452	221,991	562,461			784,452
55	MEDICAL SUPPLIES CHARGED	4,046,831	109,564	3,937,267			4,046,831
56	DRUGS CHARGED TO PATIENTS	4,816,200	105,414	4,710,786			4,816,200
59	RENAL DIALYSIS	392,514	15,247	377,267			392,514
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	246,029	6,670	239,359			246,029
61	EMERGENCY	4,673,519	256,686	4,416,833			4,673,519
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	48,244,384	2,855,006	45,389,378			48,244,384
102	LESS OBSERVATION BEDS						
103	TOTAL	48,244,384	2,855,006	45,389,378			48,244,384

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	33,720,486	.304985	.304985
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	1,551,328	.052984	.052984
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	9,994,557	.447801	.447801
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	3,997,588	.181358	.181358
43 01	CT SCAN	15,997,963	.106950	.106950
43 02	ULTRASOUND	2,930,557	.263484	.263484
43 03	MRI	4,675,932	.217755	.217755
44	LABORATORY	31,310,438	.268753	.268753
47	BLOOD STORING, PROCESSING	1,108,203	.831077	.831077
49	RESPIRATORY THERAPY	1,796,541	.685240	.685240
50	PHYSICAL THERAPY	4,535,730	.531319	.531319
50 01	OCCUPATIONAL HEALTH			
51	OCCUPATIONAL THERAPY	622,843	.466830	.466830
52	SPEECH PATHOLOGY	240,346	.580438	.580438
53	ELECTROCARDIOLOGY	3,013,160	.115992	.115992
53 01	CARDIAC REHAB	199,099	2.153547	2.153547
54	ELECTROENCEPHALOGRAPHY	22,173	1.407974	1.407974
54 01	CARDIAC CATH	2,931,206	.267621	.267621
55	MEDICAL SUPPLIES CHARGED	8,861,041	.456699	.456699
56	DRUGS CHARGED TO PATIENTS	9,113,461	.528471	.528471
59	RENAL DIALYSIS	359,463	1.091945	1.091945
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	104,729	2.349196	2.349196
61	EMERGENCY	10,704,275	.436603	.436603
62	OBSERVATION BEDS (NON-DIS	778,479		
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	148,569,598		
102	LESS OBSERVATION BEDS	778,479		
103	TOTAL	147,791,119		

HEALTH FINANCIAL SYSTEMS				MCRS/PC-WIN FOR THE WESTERLY HOSPITAL		**NOT A CMS WORKSHEET **		(09/2000)	
CALCULATION OF OUTPATIENT SERVICE COST TO				I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/29/2008
CHARGE RATIOS NET OF REDUCTIONS				I	41-0013	I	FROM 10/ 1/2006	I	WORKSHEET C
SPECIAL TITLE XIX WORKSHEET				I		I	TO 9/30/2007	I	PART II
WKST A	COST CENTER	DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF	
LINE NO.			WKST B, PT I	WKST B PT II	COST NET OF	REDUCTION	REDUCTION	CAP AND OPER	
			COL. 27	& III, COL. 27	CAPITAL COST		AMOUNT	COST REDUCTION	
			1	2	3	4	5	6	
37		ANCILLARY SRVC COST CNTRS							
38		OPERATING ROOM	10,284,234	683,851	9,600,383	68,385	556,822	9,659,027	
39		RECOVERY ROOM							
40		DELIVERY ROOM & LABOR ROO	82,195	5,528	76,667	553	4,447	77,195	
41		ANESTHESIOLOGY							
42		RADIOLOGY-DIAGNOSTIC	4,475,568	500,216	3,975,352	50,022	230,570	4,194,976	
43		RADIOLOGY-THERAPEUTIC							
43		RADIOISOTOPE	724,996	33,060	691,936	3,306	40,132	681,558	
43	01	CT SCAN	1,710,982	59,422	1,651,560	5,942	95,790	1,609,250	
43	02	ULTRASOUND	772,154	63,865	708,289	6,387	41,081	724,686	
43	03	MRI	1,018,206	85,813	932,393	8,581	54,079	955,546	
44		LABORATORY	8,414,762	404,647	8,010,115	40,465	464,587	7,909,710	
47		BLOOD STORING, PROCESSING	921,002	15,134	905,868	1,513	52,540	866,949	
49		RESPIRATORY THERAPY	1,231,062	64,508	1,166,554	6,451	67,660	1,156,951	
50		PHYSICAL THERAPY	2,409,921	136,337	2,273,584	13,634	131,868	2,264,419	
50	01	OCCUPATIONAL HEALTH							
51		OCCUPATIONAL THERAPY	290,762	7,822	282,940	782	16,411	273,569	
52		SPEECH PATHOLOGY	139,506	3,755	135,751	376	7,874	131,256	
53		ELECTROCARDIOLOGY	349,501	19,464	330,037	1,946	19,142	328,413	
53	01	CARDIAC REHAB	428,769	52,089	376,680	5,209	21,847	401,713	
54		ELECTROENCEPHALOGRAPHY	31,219	3,923	27,296	392	1,583	29,244	
54	01	CARDIAC CATH	784,452	221,991	562,461	22,199	32,623	729,630	
55		MEDICAL SUPPLIES CHARGED	4,046,831	109,564	3,937,267	10,956	228,361	3,807,514	
56		DRUGS CHARGED TO PATIENTS	4,816,200	105,414	4,710,786	10,541	273,226	4,532,433	
59		RENAL DIALYSIS	392,514	15,247	377,267	1,525	21,881	369,108	
60		OUTPAT SERVICE COST CNTRS							
61		CLINIC	246,029	6,670	239,359	667	13,883	231,479	
62		EMERGENCY	4,673,519	256,686	4,416,833	25,669	256,176	4,391,674	
		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
101		SUBTOTAL	48,244,384	2,855,006	45,389,378	285,501	2,632,583	45,326,300	
102		LESS OBSERVATION BEDS							
103		TOTAL	48,244,384	2,855,006	45,389,378	285,501	2,632,583	45,326,300	

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	33,720,486	.286444	.302957
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	1,551,328	.049761	.052627
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	9,994,557	.419726	.442796
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	3,997,588	.170492	.180531
43 01	CT SCAN	15,997,963	.100591	.106579
43 02	ULTRASOUND	2,930,557	.247286	.261304
43 03	MRI	4,675,932	.204354	.215920
44	LABORATORY	31,310,438	.252622	.267460
47	BLOOD STORING, PROCESSING	1,108,203	.782302	.829712
49	RESPIRATORY THERAPY	1,796,541	.643988	.681649
50	PHYSICAL THERAPY	4,535,730	.499240	.528313
50 01	OCCUPATIONAL HEALTH			
51	OCCUPATIONAL THERAPY	622,843	.439226	.465575
52	SPEECH PATHOLOGY	240,346	.546113	.578874
53	ELECTROCARDIOLOGY	3,013,160	.108993	.115346
53 01	CARDIAC REHAB	199,099	2.017655	2.127384
54	ELECTROENCEPHALOGRAPHY	22,173	1.318901	1.390295
54 01	CARDIAC CATH	2,931,206	.248918	.260048
55	MEDICAL SUPPLIES CHARGED	8,861,041	.429692	.455463
56	DRUGS CHARGED TO PATIENTS	9,113,461	.497334	.527314
59	RENAL DIALYSIS	359,463	1.026832	1.087703
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	104,729	2.210266	2.342828
61	EMERGENCY	10,704,275	.410273	.434205
62	OBSERVATION BEDS (NON-DIS	778,479		
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	148,569,598		
102	LESS OBSERVATION BEDS	778,479		
103	TOTAL	147,791,119		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	16,328		16,328	848,155		848,155
29	INTENSIVE CARE UNIT	2,699		2,699	147,034		147,034
33	SURGICAL INTENSIVE CARE U						
101	NURSERY	151		151	7,206		7,206
	TOTAL	19,178		19,178	1,002,395		1,002,395

WKST A	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
LINE NO.		PATIENT DAYS	PROGRAM DAYS	PER DIEM	OLD CAP CST	PER DIEM	NEW CAP CST
		7	8	9	10	11	12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	14,652	7,380	1.11	8,192	57.89	427,228
26	INTENSIVE CARE UNIT	1,648	950	1.64	1,558	89.22	84,759
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	1,008		.15		7.15	
101	TOTAL	17,308	8,330		9,750		511,987

HEALTH FINANCIAL SYSTEMS			MCRS/PC-WIN		FOR THE WESTERLY HOSPITAL		IN LIEU OF FORM CMS-2552-96(09/1996)			
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE			CAPITAL COSTS				I PROVIDER NO:	I PERIOD:	I PREPARED	4/29/2008
							I 41-0013	I FROM 10/ 1/2006	I WORKSHEET D	
							I COMPONENT NO:	I TO 9/30/2007	I PART II	
							I 41-0013	I	I	
TITLE XVIII, PART A			HOSPITAL				PPS			
WKST A	COST CENTER	DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	CST/CHRG	OLD CAPITAL RATIO 5	COSTS 6	
		ANCILLARY SRVC COST CNTRS								
37		OPERATING ROOM	9,250	674,601	33,720,486	2,924,452		.000274	801	
38		RECOVERY ROOM								
39		DELIVERY ROOM & LABOR ROO	44	5,484	1,551,328	3,136		.000028		
40		ANESTHESIOLOGY								
41		RADIOLOGY-DIAGNOSTIC	4,946	495,270	9,994,557	1,075,243		.000495	532	
42		RADIOLOGY-THERAPEUTIC								
43		RADIOISOTOPE	471	32,589	3,997,588	375,582		.000118	44	
43 01		CT SCAN	1,028	58,394	15,997,963	1,671,420		.000064	107	
43 02		ULTRASOUND	672	63,193	2,930,557	170,015		.000229	39	
43 03		MRI	480	85,333	4,675,932	294,703		.000103	30	
44		LABORATORY	5,410	399,237	31,310,438	3,109,829		.000173	538	
47		BLOOD STORING, PROCESSING	285	14,849	1,108,203	245,648		.000257	63	
49		RESPIRATORY THERAPY	624	63,884	1,796,541	947,171		.000347	329	
50		PHYSICAL THERAPY	3,060	133,277	4,535,730	514,485		.000675	347	
50 01		OCCUPATIONAL HEALTH								
51		OCCUPATIONAL THERAPY	185	7,637	622,843	44,300		.000297	13	
52		SPEECH PATHOLOGY	90	3,665	240,346	65,221		.000374	24	
53		ELECTROCARDIOLOGY	199	19,265	3,013,160	963,810		.000066	64	
53 01		CARDIAC REHAB	1,281	50,808	199,099			.006434		
54		ELECTROENCEPHALOGRAPHY	116	3,807	22,173	12,059		.005232	63	
54 01		CARDIAC CATH	609	221,382	2,931,206	411,504		.000208	86	
55		MEDICAL SUPPLIES CHARGED	1,619	107,945	8,861,041	2,392,855		.000183	438	
56		DRUGS CHARGED TO PATIENTS	1,610	103,804	9,113,461	2,599,855		.000177	460	
59		RENAL DIALYSIS	341	14,906	359,463	198,873		.000949	189	
		OUTPAT SERVICE COST CNTRS								
60		CLINIC	82	6,588	104,729			.000783		
61		EMERGENCY	5,166	251,520	10,704,275	1,089,276		.000483	526	
62		OBSERVATION BEDS (NON-DIS			778,479	81,042				
		OTHER REIMBURS COST CNTRS								
101		TOTAL	37,568	2,817,438	148,569,598	19,190,479			4,693	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	4/29/2008
I	41-0013	I	FROM 10/ 1/2006	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 9/30/2007	I	PART II	
I	41-0013	I		I		

PPS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.020006	58,507
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.003535	11
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.049554	53,283
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.008152	3,062
43 01	CT SCAN	.003650	6,101
43 02	ULTRASOUND	.021563	3,666
43 03	MRI	.018249	5,378
44	LABORATORY	.012751	39,653
47	BLOOD STORING, PROCESSING	.013399	3,291
49	RESPIRATORY THERAPY	.035559	33,680
50	PHYSICAL THERAPY	.029384	15,118
50 01	OCCUPATIONAL HEALTH		
51	OCCUPATIONAL THERAPY	.012262	543
52	SPEECH PATHOLOGY	.015249	995
53	ELECTROCARDIOLOGY	.006394	6,163
53 01	CARDIAC REHAB	.255190	
54	ELECTROENCEPHALOGRAPHY	.171695	2,070
54 01	CARDIAC CATH	.075526	31,079
55	MEDICAL SUPPLIES CHARGED	.012182	29,150
56	DRUGS CHARGED TO PATIENTS	.011390	29,612
59	RENAL DIALYSIS	.041467	8,247
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.062905	
61	EMERGENCY	.023497	25,595
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		355,204

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
LINE NO.		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					14,652	
26	INTENSIVE CARE UNIT					1,648	
29	SURGICAL INTENSIVE CARE U						
33	NURSERY					1,008	
101	TOTAL					17,308	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	7,380	
26	INTENSIVE CARE UNIT	950	
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL	8,330	

HEALTH FINANCIAL SYSTEMS			MCRS/PC-WIN FOR THE WESTERLY HOSPITAL			IN LIEU OF FORM CMS-2552-96(04/2005)		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE			OTHER PASS THROUGH COSTS			I PROVIDER NO:	I PERIOD:	I PREPARED 4/29/2008
						I 41-0013	I FROM 10/ 1/2006	I WORKSHEET D
						I COMPONENT NO:	I TO 9/30/2007	I PART IV
						I 41-0013	I	I
TITLE XVIII, PART A			HOSPITAL			PPS		
WKST A	COST CENTER	DESCRIPTION	NONPHYSICIAN	MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR	
LINE NO.			ANESTHETIST	SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS	
			1	2	2.01	2.02	2.03	
		ANCILLARY SRVC COST CNTRS	1.01					
37		OPERATING ROOM						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
43 01		CT SCAN						
43 02		ULTRASOUND						
43 03		MRI						
44		LABORATORY						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
50 01		OCCUPATIONAL HEALTH						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
53 01		CARDIAC REHAB						
54		ELECTROENCEPHALOGRAPHY						
54 01		CARDIAC CATH						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
59		RENAL DIALYSIS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

HEALTH FINANCIAL SYSTEMS			MCRS/PC-WIN FOR THE WESTERLY HOSPITAL			IN LIEU OF FORM CMS-2552-96(04/2005) CONTD		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE			I PROVIDER NO: I PERIOD: I PREPARED 4/29/2008					
OTHER PASS THROUGH COSTS			I 41-0013 I FROM 10/ 1/2006 I WORKSHEET D					
			I COMPONENT NO: I TO 9/30/2007 I PART IV					
			I 41-0013 I					
TITLE XVIII, PART A			HOSPITAL			PPS		
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P COST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			33,720,486			2,924,452	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			1,551,328			3,136	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			9,994,557			1,075,243	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			3,997,588			375,582	
43 01	CT SCAN			15,997,963			1,671,420	
43 02	ULTRASOUND			2,930,557			170,015	
43 03	MRI			4,675,932			294,703	
44	LABORATORY			31,310,438			3,109,829	
47	BLOOD STORING, PROCESSING			1,108,203			245,648	
49	RESPIRATORY THERAPY			1,796,541			947,171	
50	PHYSICAL THERAPY			4,535,730			514,485	
50 01	OCCUPATIONAL HEALTH							
51	OCCUPATIONAL THERAPY			622,843			44,300	
52	SPEECH PATHOLOGY			240,346			65,221	
53	ELECTROCARDIOLOGY			3,013,160			963,810	
53 01	CARDIAC REHAB			199,099				
54	ELECTROENCEPHALOGRAPHY			22,173			12,059	
54 01	CARDIAC CATH			2,931,206			411,504	
55	MEDICAL SUPPLIES CHARGED			8,861,041			2,392,855	
56	DRUGS CHARGED TO PATIENTS			9,113,461			2,599,855	
59	RENAL DIALYSIS			359,463			198,873	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			104,729				
61	EMERGENCY			10,704,275			1,089,276	
62	OBSERVATION BEDS (NON-DIS			778,479			81,042	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			148,569,598			19,190,479	

HEALTH FINANCIAL SYSTEMS			MCRS/PC-WIN FOR THE WESTERLY HOSPITAL			IN LIEU OF FORM CMS-2552-96(04/2005) CONTD		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE			I PROVIDER NO:			I PERIOD:		
OTHER PASS THROUGH COSTS			I 41-0013			I FROM 10/ 1/2006		
			I COMPONENT NO:			I TO 9/30/2007		
			I 41-0013			I		
TITLE XVIII, PART A			HOSPITAL			PPS		
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02	
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5	
		8	8.01	8.02	9	9.01	9.02	
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	6,414,580						
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	1,425,977						
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE	1,044,956						
43 01	CT SCAN	3,571,368						
43 02	ULTRASOUND	1,302						
43 03	MRI	988,934						
44	LABORATORY	694,356						
47	BLOOD STORING, PROCESSING	422,425						
49	RESPIRATORY THERAPY	109,604						
50	PHYSICAL THERAPY							
50 01	OCCUPATIONAL HEALTH							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY	767,958						
53 01	CARDIAC REHAB	86,520						
54	ELECTROENCEPHALOGRAPHY							
54 01	CARDIAC CATH	928,896						
55	MEDICAL SUPPLIES CHARGED	1,347,072						
56	DRUGS CHARGED TO PATIENTS	1,043,359						
59	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY	1,691,954						
62	OBSERVATION BEDS (NON-DIS	205,569						
	OTHER REIMBURS COST CNTRS							
101	TOTAL	20,744,830						

TITLE XVIII, PART B		HOSPITAL				
		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.304985	.304985			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM	.052984	.052984			
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	.447801	.447801			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	.181358	.181358			
43 01	CT SCAN	.106950	.106950			
43 02	ULTRASOUND	.263484	.263484			
43 03	MRI	.217755	.217755			
44	LABORATORY	.268753	.268753			
47	BLOOD STORING, PROCESSING & TRANS.	.831077	.831077			
49	RESPIRATORY THERAPY	.685240	.685240			
50	PHYSICAL THERAPY	.531319	.531319			
50 01	OCCUPATIONAL HEALTH					
51	OCCUPATIONAL THERAPY	.466830	.466830			
52	SPEECH PATHOLOGY	.580438	.580438			
53	ELECTROCARDIOLOGY	.115992	.115992			
53 01	CARDIAC REHAB	2.153547	2.153547			
54	ELECTROENCEPHALOGRAPHY	1.407974	1.407974			
54 01	CARDIAC CATH	.267621	.267621			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.456699	.456699			
56	DRUGS CHARGED TO PATIENTS	.528471	.528471			
59	RENAL DIALYSIS	1.091945	1.091945			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2.349196	2.349196			
61	EMERGENCY	.436603	.436603			
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B		HOSPITAL				
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		6,414,580			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		1,425,977			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE		1,044,956			
43 01	CT SCAN		3,571,368			
43 02	ULTRASOUND		1,302			
43 03	MRI		988,934			
44	LABORATORY		694,356			
47	BLOOD STORING, PROCESSING & TRANS.		422,425			
49	RESPIRATORY THERAPY		109,604			
50	PHYSICAL THERAPY					
50 01	OCCUPATIONAL HEALTH					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		767,958			
53 01	CARDIAC REHAB		86,520			
54	ELECTROENCEPHALOGRAPHY					
54 01	CARDIAC CATH		928,896			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,347,072			
56	DRUGS CHARGED TO PATIENTS		1,043,359			
59	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		1,691,954			
62	OBSERVATION BEDS (NON-DISTINCT PART)		205,569			
101	SUBTOTAL		20,744,830			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		20,744,830			

TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,956,351	
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC				638,554	
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE				189,511	
43 01	CT SCAN				381,958	
43 02	ULTRASOUND				343	
43 03	MRI				215,345	
44	LABORATORY				186,610	
47	BLOOD STORING, PROCESSING & TRANS.				351,068	
49	RESPIRATORY THERAPY				75,105	
50	PHYSICAL THERAPY					
50 01	OCCUPATIONAL HEALTH					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				89,077	
53 01	CARDIAC REHAB				186,325	
54	ELECTROENCEPHALOGRAPHY					
54 01	CARDIAC CATH				248,592	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				615,206	
56	DRUGS CHARGED TO PATIENTS				551,385	
59	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY				738,712	
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL				6,424,142	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				6,424,142	

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B		HOSPITAL		
		PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
43 01	CT SCAN			
43 02	ULTRASOUND			
43 03	MRI			
44	LABORATORY			
47	BLOOD STORING, PROCESSING & TRANS.			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
50 01	OCCUPATIONAL HEALTH			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
53 01	CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
54 01	CARDIAC CATH			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
59	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-			
	PROGRAM ONLY CHARGES			
104	NET CHARGES			

TITLE XVIII PART A	HOSPITAL	PPS
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PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	14,652
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,652
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,652
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,380
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,535,402
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	16,535,402

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15,011,612
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,011,612
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.101507
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,024.54
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16,535,402

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,128.54
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8,328,625
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8,328,625

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT	3,329,510	1,648	2,020.33	950
44	CORONARY CARE UNIT				1,919,314
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				7,151,134
49	TOTAL PROGRAM INPATIENT COSTS				17,399,073

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	521,737
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	359,897
52	TOTAL PROGRAM EXCLUDABLE COST	881,634
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	16,517,439

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD (SEE INSTRUCTIONS)
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
COST REPORTING PERIOD
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
COST REPORTING PERIOD
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	4/29/2008
I	41-0013	I	FROM 10/ 1/2006	I	WORKSHEET	D-1
I	COMPONENT NO:	I	TO 9/30/2007	I	PART III	
I	41-0013	I		I		

PPS

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66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

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83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,128.54
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST	16,328	16,535,402	.000987		
87	NEW CAPITAL-RELATED COST	848,155	16,535,402	.051293		
88	NON PHYSICIAN ANESTHETIST		16,535,402			
89	MEDICAL EDUCATION		16,535,402			
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN	FOR THE WESTERLY HOSPITAL	IN LIEU OF FORM CMS-2552-96(05/2004)			
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT				I PROVIDER NO:	I PERIOD:	I PREPARED	4/29/2008
				I 41-0013	I FROM 10/ 1/2006	I WORKSHEET	D-4
				I COMPONENT NO:	I TO 9/30/2007	I	
				I 41-0013	I	I	
TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	RATIO	COST	INPATIENT	INPATIENT		
LINE NO.		TO CHARGES	1	CHARGES	COST		
				2	3		
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS			7,558,620			
29	INTENSIVE CARE UNIT			2,428,968			
	SURGICAL INTENSIVE CARE UNIT						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	.304985		2,924,452	891,914		
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROOM	.052984		3,136	166		
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	.447801		1,075,243	481,495		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	.181358		375,582	68,115		
43 01	CT SCAN	.106950		1,671,420	178,758		
43 02	ULTRASOUND	.263484		170,015	44,796		
43 03	MRI	.217755		294,703	64,173		
44	LABORATORY	.268753		3,109,829	835,776		
47	BLOOD STORING, PROCESSING & TRANS.	.831077		245,648	204,152		
49	RESPIRATORY THERAPY	.685240		947,171	649,039		
50	PHYSICAL THERAPY	.531319		514,485	273,356		
50 01	OCCUPATIONAL HEALTH						
51	OCCUPATIONAL THERAPY	.466830		44,300	20,681		
52	SPEECH PATHOLOGY	.580438		65,221	37,857		
53	ELECTROCARDIOLOGY	.115992		963,810	111,794		
53 01	CARDIAC REHAB	2.153547					
54	ELECTROENCEPHALOGRAPHY	1.407974		12,059	16,979		
54 01	CARDIAC CATH	.267621		411,504	110,127		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.456699		2,392,855	1,092,814		
56	DRUGS CHARGED TO PATIENTS	.528471		2,599,855	1,373,948		
59	RENAL DIALYSIS	1.091945		198,873	217,158		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2.349196					
61	EMERGENCY	.438857		1,089,276	478,036		
62	OBSERVATION BEDS (NON-DISTINCT PART)			81,042			
	OTHER REIMBURS COST CNTRS						
101	TOTAL			19,190,479	7,151,134		
102	LESS PBP CLINIC LABORATORY SERVICES -						
	PROGRAM ONLY CHARGES						
103	NET CHARGES			19,190,479			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	4/29/2008
I	41-0013	I	FROM 10/ 1/2006	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 9/30/2007	I	PART A	
I	41-0013	I		I		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

DRG AMOUNT	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	12,009,393
MANAGED CARE PATIENTS	
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)	
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97	
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	178,295
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	93.00
INDIRECT MEDICAL EDUCATION ADJUSTMENT	
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I	
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
	E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.	
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1	
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09	
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10	
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	
	SUM OF LINES PLUS E-3, PT
	3.21 - 3.23 VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	
DISPROPORTIONATE SHARE ADJUSTMENT	
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	
4.02 SUM OF LINES 4 AND 4.01	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.	
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317	
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.	
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00
5.06 TOTAL ADDITIONAL PAYMENT	
6 SUBTOTAL (SEE INSTRUCTIONS)	12,187,688
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/29/2008
I	41-0013	I	FROM 10/ 1/2006	I	WORKSHEET E
I	COMPONENT NO:	I	TO 9/30/2007	I	PART A
I	41-0013	I		I	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	12,187,688
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,052,539
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16	TOTAL	13,240,227
17	PRIMARY PAYER PAYMENTS	4,048
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	13,236,179
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,321,040
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	19,974
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	86,172
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	60,320
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
22	SUBTOTAL	11,955,485
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	11,955,485
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	11,942,781
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	12,704
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	4/29/2008
I	41-0013	I	FROM 10/ 1/2006	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 9/30/2007	I	PART B	
I	41-0013	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,424,142
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,141,252
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.772
1.04	LINE 1.01 TIMES LINE 1.03.	4,959,438
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,141,252

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,820,362
19	SUBTOTAL (SEE INSTRUCTIONS)	4,320,890
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	4,320,890
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	4,320,890
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	117,042
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	81,929
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	4,402,819
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	4,402,819
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,384,469
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	18,350
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	41-0013	I	FROM 10/ 1/2006	I	4/29/2008
I	COMPONENT NO:	I	TO 9/30/2007	I	WORKSHEET E-1
I	41-0013	I		I	

TITLE XVIII

HOSPITAL

DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.	11,900,449		4,320,890
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)	NONE		NONE
	ADJUSTMENTS TO PROVIDER .01	42,332		63,579
	ADJUSTMENTS TO PROVIDER .02			
	ADJUSTMENTS TO PROVIDER .03			
	ADJUSTMENTS TO PROVIDER .04			
	ADJUSTMENTS TO PROVIDER .05			
	ADJUSTMENTS TO PROGRAM .50			
	ADJUSTMENTS TO PROGRAM .51			
	ADJUSTMENTS TO PROGRAM .52			
	ADJUSTMENTS TO PROGRAM .53			
	ADJUSTMENTS TO PROGRAM .54			
	SUBTOTAL .99	42,332		63,579
4	TOTAL INTERIM PAYMENTS	11,942,781		4,384,469
	TO BE COMPLETED BY INTERMEDIARY			
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	TENTATIVE TO PROVIDER .01			
	TENTATIVE TO PROVIDER .02			
	TENTATIVE TO PROVIDER .03			
	TENTATIVE TO PROGRAM .50			
	TENTATIVE TO PROGRAM .51			
	TENTATIVE TO PROGRAM .52			
	SUBTOTAL .99	NONE		NONE
6	DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER .01			
	AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM .02			
	BASED ON COST REPORT (1)			
7	TOTAL MEDICARE PROGRAM LIABILITY			

NAME OF INTERMEDIARY:
INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	839,632			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	24,465,408			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-16,109,748			
7	INVENTORY	1,322,589			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	689,665			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	11,207,546			
FIXED ASSETS					
12	LAND	75,647			
12.01					
13	LAND IMPROVEMENTS	2,211,202			
13.01	LESS ACCUMULATED DEPRECIATION	-2,020,985			
14	BUILDINGS	43,147,814			
14.01	LESS ACCUMULATED DEPRECIATION	-15,513,973			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	17,220,852			
16.01	LESS ACCUMULATED DEPRECIATION	-11,230,351			
17	AUTOMOBILES AND TRUCKS	215,893			
17.01	LESS ACCUMULATED DEPRECIATION	-109,589			
18	MAJOR MOVABLE EQUIPMENT	39,329,941			
18.01	LESS ACCUMULATED DEPRECIATION	-33,260,054			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	40,066,397			
OTHER ASSETS					
22	INVESTMENTS	17,654,595	187,160	16,152,937	
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,402,859			
26	TOTAL OTHER ASSETS	19,057,454	187,160	16,152,937	
27	TOTAL ASSETS	70,331,397	187,160	16,152,937	

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	4,185,878			
29	SALARIES, WAGES & FEES PAYABLE	3,775,108			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)	6,013,335			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	1,035,938			
36	TOTAL CURRENT LIABILITIES	15,010,259			
LONG TERM LIABILITIES					
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE				
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES	25,009,902			
42	TOTAL LONG-TERM LIABILITIES	25,009,902			
43	TOTAL LIABILITIES	40,020,161			
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	30,311,236			
45	SPECIFIC PURPOSE FUND		187,160		
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			16,152,937	
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49	PLANT FUND BALANCE-INVESTED IN PLANT				
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51	TOTAL FUND BALANCES	30,311,236	187,160	16,152,937	
52	TOTAL LIABILITIES AND FUND BALANCES	70,331,397	187,160	16,152,937	

STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/29/2008
I	41-0013	I	FROM 10/ 1/2006	I	WORKSHEET G-1
I		I	TO 9/30/2007	I	

		GENERAL FUND		SPECIFIC PURPOSE FUND
		1	2	3
1	FUND BALANCE AT BEGINNING		34,817,355	185,000
	OF PERIOD			
2	NET INCOME (LOSS)		-2,309,475	
3	TOTAL		32,507,880	185,000
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
5	NONOPERATING GAINS			
6	TRANSFER TO PARENT	722,662		
7	FOR PURCHASES OF PROPERTY			2,160
8	GIFTS AND BEQUESTS			
9	REALIZED GAINS ON INVESTM			
10	CHANGE IN NET UNREALIZED		722,662	2,160
11	TOTAL ADDITIONS		33,230,542	187,160
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13	CHANGE IN NET UNREALIZED	569,095		
14	CHANGE IN ADDITIONAL MINI			
15	LIABILITY	2,350,211		
16				
17				
18	TOTAL DEDUCTIONS		2,919,306	
19	FUND BALANCE AT END OF		30,311,236	187,160
	PERIOD PER BALANCE SHEET			

		ENDOWMENT FUND		PLANT FUND
		5	6	7
1	FUND BALANCE AT BEGINNING		14,162,089	8
	OF PERIOD			
2	NET INCOME (LOSS)			
3	TOTAL		14,162,089	
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
5	NONOPERATING GAINS			
6	TRANSFER TO PARENT			
7	FOR PURCHASES OF PROPERTY			
8	GIFTS AND BEQUESTS	767,581		
9	REALIZED GAINS ON INVESTM	1,003,993		
10	CHANGE IN NET UNREALIZED	219,274		
11	TOTAL ADDITIONS		1,990,848	
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		16,152,937	
13	CHANGE IN NET UNREALIZED			
14	CHANGE IN ADDITIONAL MINI			
15	LIABILITY			
16				
17				
18	TOTAL DEDUCTIONS			
19	FUND BALANCE AT END OF		16,152,937	
	PERIOD PER BALANCE SHEET			

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	41-0013	I	FROM 10/ 1/2006	I	4/29/2008
I		I	TO 9/30/2007	I	WORKSHEET G-2
					PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER

INPATIENT	OUTPATIENT	TOTAL
1	2	3
GENERAL INPATIENT ROUTINE CARE SERVICES		
15,011,612		15,011,612
1 00 HOSPITAL		
4 00 SWING BED - SNF		
5 00 SWING BED - NF		
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE		
15,011,612		15,011,612
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS		
10 00 INTENSIVE CARE UNIT		
4,263,914		4,263,914
13 00 SURGICAL INTENSIVE CARE UNIT		
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP		
4,263,914		4,263,914
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE		
19,275,526		19,275,526
17 00 ANCILLARY SERVICES		
37,557,907	101,449,160	139,007,067
18 00 OUTPATIENT SERVICES		
3,102,631	13,658,953	16,761,584
24 00		
59,936,064	115,108,113	175,044,177
25 00 TOTAL PATIENT REVENUES		

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	74,175,835
ADD (SPECIFY)	
27 00 BAD DEBTS	4,641,222
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	4,641,222
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	78,817,057

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/29/2008
I	41-0013	I	FROM 10/ 1/2006	I	WORKSHEET G-3
I		I	TO 9/30/2007	I	

DESCRIPTION

1	TOTAL PATIENT REVENUES	175,044,177
2	LESS: ALLOWANCES AND DISCOUNTS ON	103,083,733
3	NET PATIENT REVENUES	71,960,444
4	LESS: TOTAL OPERATING EXPENSES	78,817,057
5	NET INCOME FROM SERVICE TO PATIENT	-6,856,613
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	2,340
7	INCOME FROM INVESTMENTS	3,326,326
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	1,218,472
25	TOTAL OTHER INCOME	4,547,138
26	TOTAL	-2,309,475
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-2,309,475

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	4/29/2008
I	41-0013	I	FROM 10/ 1/2006	I	WORKSHEET L	
I	COMPONENT NO:	I	TO 9/30/2007	I	PARTS I-IV	
I	41-0013	I		I		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,046,039
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	6,500
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	44.66
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,052,539

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

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